

But paralysis came, after all;  
it had merely been toying with  
its lists... Poor Van Diemen's  
Land! The leg-irons and the  
lash of a hundred years before  
still hung near, like bad dreams;  
now, suburban and respectable  
under your new name, you found  
your children in irons once more,  
tormented by pains more searching  
than the lash.

C.J. Koch, The Doubleman,  
Triad, Grafton Books,

THE GREAT SCOURGE

THE TASMANIAN INFANTILE PARALYSIS EPIDEMIC OF  
1937-38

by

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This thesis contains no material which has been accepted for the award of any other degree or diploma in any university, and to the best of the candidate's knowledge and belief, contains no copy or paraphrase of material previously published or written by another person, except when due reference is made in the text of the thesis.

..... *A.E. Killalea* .....

A.E. KILLALEA

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## INTRODUCTION

The drama of Tasmanian epidemics has inspired a number of historical studies. Roe,<sup>1</sup> with smallpox, was interested in the politics of epidemic management, Carnes,<sup>2</sup> in Spanish Influenza's effect on Commonwealth-State relations, Todd,<sup>3</sup> in one city's pattern of epidemics, and the geographer, Kellaway,<sup>4</sup> in the part the sewerage system played in typhoid. This writer was stimulated by the possibility of interviewing people who had actually been affected by an epidemic to see what *personal accounts* could contribute to historical understanding. Though the volume of material willingly provided by ex-patients, medical and nursing staff, volunteers and other witnesses could well have resulted in a purely oral-history project, newspaper research uncovered other matters of importance, such as an angry

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- <sup>1</sup>. M. Roe, "Smallpox in Tasmania 1857 and 1903",  
Tasmanian Historical Research Association Papers and Proceedings, Vol.28, No.4, Dec. 1976.
  - <sup>2</sup>. C.S. Carnes, "The Spanish Influenza Pandemic in Tasmania, 1919", unpublished Honours Thesis, University of Tasmania, 1977.
  - <sup>3</sup>. Margaret Todd, "Three Epidemics 1903-1938,"  
Launceston Historical Society Papers and Proceedings, Vol.4, 1992.
  - <sup>4</sup>. R.G. Kellaway, "The Hobart Typhoid Epidemic of 1887-88", Soc.Sci.Med., Vol.29, No.8, 1989, pp.953-958.

crowd of Launcestonians who would "tar and feather"<sup>5</sup> any politician whose laxity allowed infantile paralysis into the State. Such material (and that from other printed sources) could hardly be overlooked.

Although a great deal of information about the 1937-38 epidemic exists in Tasmania - especially in the memories of the people - the writer is astounded at the lack of formal interest so far taken in what was, in fact, the world's biggest epidemic of its kind. Not only has *historical* interest been lacking, but, even more surprisingly, medical. While Victoria's infantile paralysis epidemic (which slightly pre-dated, but also ran concurrently with Tasmania's) attracted a great deal of local epidemiological interest,<sup>6</sup> the Tasmanian situation, far worse than Victoria's, excited no mainland curiosity<sup>7</sup> and resulted in the production of only one

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<sup>5</sup>. The Mercury Newspaper, Davies Bros. Ltd., 93 Macquarie St., Hobart (hereafter called Mercury), 6/9/37.

<sup>6</sup>. See entries under "Poliomyelitis", Medical Journal of Australia, 1937, 1938, 1939, 1940, etc.

<sup>7</sup>. Confirmed by Dr Reg Lewis, former Deputy Superintendent of the Launceston Public Hospital, telephone conversation, Hobart, 1992.



Tasmanian paper, never published.<sup>9</sup> This is especially amazing when one considers that the 'thirties were a time of intense interest in Child Health,<sup>9</sup> and were also the years of the State Medical Service's proud extension into country districts,<sup>10</sup> where the majority of cases occurred. Another reason one would expect the arousal of medical curiosity was the peculiar infectivity of the virus in Tasmania, including multiple incidence of clinical effects in families - a pattern here that contradicted the trend elsewhere.

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- <sup>9</sup>. R.A. Lewis, "Cases of Poliomyelitis - Northern Tasmania", unpublished paper presented to a meeting of the Northern Branch of the British Medical Association (Tasmania) at the Launceston Public Hospital, 1938.
- <sup>9</sup>. Jilian C. Waters, "To Help the Mothers and Save the Babies: An Episode in Tasmania's Population Debate", unpublished Honours Thesis, University of Tasmania, 1983.
- <sup>10</sup>. Medicine Today and Tomorrow, No.4, Jan. 1938, p.17. Archives Office of Tasmania, Public Health Dept. files, box HSD 16.
- Report of Director Public Health for year ended 31/12/38, Journals and Printed Papers Parliament (hereafter J.P.P.P.), 1939.

This paper by no means exhausts all aspects of the story. The *Sister Kenny* sub-plot could have been amplified, as could regional or municipal experience, or the interplay of forces within families with a handicapped member. The way a democratic polity published just enough information to keep its people cooperative is another unexplored theme. The material which *has* been presented is organized thus. "Background" deals with the disease of infantile paralysis, and the treatment options of the late 'thirties. "Prehistory" shows how the epidemic story really began with the after-effects of earlier epidemics and with the way society dealt with the prospect of a new outbreak; "Epidemic" relates the progress of the outbreak and analyses major features; "Response" describes how major groups dealt with the crisis; "Experience" explores important personal themes as they related to main groups of protagonists; "Aftermath" focusses on the legacy of the epidemic.

The writer again wishes to record special thanks to the numerous individuals who made generous contributions to this study. It is hoped the result does some justice to the courage of all those who endured "the great scourge".

## BACKGROUND

Polioviruses.... are small  
(20-30 nm), icosahedral,  
RNA - containing particles,  
which are stable at pH 3-5  
and resistant to ether;  
they are of human origin...

D.R. Gamble,  
"Enteroviruses:polio-, ECHO-,  
and Coxsackie viruses, Topley  
and Wilson's Principles of  
bacteriology, virology, and  
immunity, General Editors now  
Wilson, Miles and Parker, 7th  
ed., Vol. 4, Edward Arnold,  
London, 1929, p.394.

Infantile Paralysis was the popular name for the villain of our story up to, and including, the nineteen-thirties. Public Health circles favoured the more unwieldly "acute anterior poliomyelitis".<sup>1</sup> After 1938, however, the recommended term was "poliomyelitis" - "polio" being Greek for "grey" and "myelitis" referring to inflammation of the nerve-sheath, the myelin. The common term for the disease was now seen as inappropriate: the illness was no longer confined to infants, was in most cases non-paralytic, and worse, made "the patient's parents and people" anxious.<sup>2</sup>

Poliomyelitis is caused by the very small "poliovirus". First isolated by Landsteiner and Popper in 1909,<sup>3</sup> it was shown to consist in three strains, by the Australians Burnet and Macnamara in 1931.<sup>4</sup> In the thirties it was generally believed the virus entered the

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<sup>1</sup>. Report of the Director of Public Health, J.P.P.P., Hobart, year ended 31 Dec., 1937.

<sup>2</sup>. J. Steigrad, "The Early Treatment of Poliomyelitis", Medical Journal of Australia, Vol.1, No.19, May 7, 1938.

<sup>3</sup>. D.R. Gamble, op. cit.

<sup>4</sup>. Ibid.

body via the exposed nerves in the upper nasal cavity,<sup>5</sup> and that coughing, blowing, spitting, shouting at close quarters was the usual source of new infection. Gradually the virus was seen to enter via the mouth and throat after direct contact with pharyngeal secretions, or faeces, of infected persons.<sup>6</sup> Flies can transfer virus from sewerage to food,<sup>7</sup> and people are particularly susceptible after tonsillectomy or dental extraction.<sup>8</sup>

If the virus remains in the Peyer's Patches in the gut lining, it may cause only mild, if any, discomfort to the host, but if it penetrates host defences, this neurotropic (nerve-loving) virus may travel via the bloodstream, or by peripheral nerve routes<sup>9</sup> to its real target, the large motor cells which form the rich, grey ("polio") matter of the spinal cord structures known as the anterior horns. Infection may also travel to the brain stem.

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<sup>5</sup>. S. Steigrad, op.cit., loc.sit.

<sup>6</sup>. A.S. Benenson, ed., Control of Communicable Diseases in Man, 12th ed., American Public Health Association, USA, 6th printing, March, 1979, p.242.

<sup>7</sup>. Gamble, op.cit., p.397.

<sup>8</sup>. Lord Brain, Clinical Neurology, 2nd ed., Oxford University press, London, 1964, p.310.

<sup>9</sup>. Gamble, op.cit., p.399.

The motor cells (neurones) send out a number of fibres which branch in several directions to command muscles in various parts of the body. Under polioviral attack, some motor cells may be completely destroyed, resulting in the paralysis of whichever muscles were under their control. A nerve cell which is only damaged, on the other hand, causes muscular weakness (paresis) which will disappear as the nerve gradually recovers. Even paralysis is not necessarily permanent. Neighbouring healthy neurones may take on extra work by "sprouting" new axones which learn to power the orphan muscle.<sup>10</sup>

There are four ways the body may experience invasion by the poliovirus:<sup>11</sup>

- a) a mild, flu-like infection, sometimes unnoticed, conferring lifelong immunity. This is subclinical polio and accounts for 99% of all incidence;
- b) a more severe illness characterized by some, or all, of fever, malaise, headache, neck and back stiffness, tremors, muscular tenderness and/or

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<sup>10</sup>. Charlotte Leboeuf, The Late Effects of Polio: Information for Health-Care Providers, Commonwealth Department of Community Services and Health, 1990, p.12.

<sup>11</sup>. Information combined from Brain, Gamble, Leboeuf, op.cit., and after consultation with Dr Jim Rogers, Sandy Bay, 1992.

weakness, constipation, urine retention, sensitivity to noise, movement and light, and abnormal spinal fluid. There may be coma. This is abortive, or pre-paralytic polio and occurs in about 1% of polio infections. Improvement begins after a few days;

- c) in about 0.1% of the above cases - sometimes after a temporary improvement - the patient may experience muscular spasm, followed by paralysis in one or more muscles, including the inter-costals and diaphragm. There will be considerable pain in the limbs, and tenderness of the muscles on pressure; paralysis may be slight, or great, temporary or permanent.

Something under half the cases with respiratory involvement may not survive, but other cases have an excellent chance of survival.

- d) in 5% - 35% of paralytic cases, the brunt of the infection falls upon the brain stem. This "bulbar" poliomyelitis may paralyse one or more of the face, pharynx, larynx, and tongue. Most bulbar cases will not survive because throat secretions cannot be cleared, and the patient chokes. Odds are worsened again where bulbar and respiratory symptoms are combined.

Once the disease enters the body, there is no known way of stopping its progress. Mortality may be as high as 25% in some epidemics,<sup>12</sup> but it is usually put at 10%

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<sup>12</sup>. Brain, op.cit., p.313.



of clinical cases.<sup>13</sup>

The acute phase of the disease lasts about three weeks. Expert nursing, right from the time a case is first suspected, is vital. Fatigue after exertion, even in mild cases, predisposes the patient to severe paralysis.<sup>14</sup> For this reason immediate and complete bed rest is essential, and must continue *even for the few days that the disease may appear to have abated.*<sup>15</sup> Admitted to hospital, patients are nursed on a firm bed, and if there is any sign of weakness or paralysis, the affected area must be kept in a restful position with sandbags and light splinting. Where hot saline baths are used to ease tissue tenderness, it is essential that only gentle, passive movements be allowed, 'as further irritation to inflamed neurones may destroy them altogether. If paralysis is to occur, it will begin at day eleven,<sup>16</sup> and will reach its full extent a few days later. After this, considerable recovery should be expected.<sup>17</sup> Constant watch must be kept for any difficulty in breathing.

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<sup>13</sup>. Dr Karen Helms, Medical Journal of Australia, Vol.1, No.19, May 7, 1938.

<sup>14</sup>. Brain, op.cit., p.313.

<sup>15</sup>. Dr Jean Macnamara, Medical Journal of Australia, Vol.11, No.11, Sept. 11, 1937.

<sup>16</sup>. Jawetz, Melnick and Adelberg, Review of Medical Microbiology, Lange Medical Publications, Los Altos, California, 1980, p.354.

<sup>17</sup>. Brain, op.cit., p.313.

Patients with respiratory paralysis, especially if the diaphragm is involved, are treated in much the same way now, as in 1937.<sup>18</sup> This is usually by negative pressure created in a chamber enclosing the patient but for the head. With the pulsator set at the required number of breaths per minute, motors alternately blow air into the tank, forcing expiration as the chest wall collapses, and suck air out of the tank so that the chest rises and breath is drawn in. Pressure is maintained with rubber seals about the patient's neck, and over the "portholes" through which he is attended. Patients may remain for weeks, months, or even years in "lungs", but others are permitted out for varying periods per day, or week.

Patients with bulbar paralysis must be nursed in a prone or semi-prone position, turned every few hours, their cot or bed elevated 15°. Throat secretions are aspirated regularly, even continuously, and feeding is by tube.<sup>19</sup> Patients may suffer a combination of bulbar, respiratory, or other paralyses.

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<sup>18</sup>. Tank respirators were available in Australia after Dr Jean Macnamara imported the first from the United States in 1935. As there was no patent, the machine could be copied. D. Zwar, *The Dame: The Life and Times of Jame Jean Macnamara Medical Pioneer*, Macmillan, Australia, Melbourne, 1984.

<sup>19</sup>. Brain, op.cit., p.314.

From earliest times, up until 1956, there was no protection against poliomyelitis, except natural immunity arising from earlier infection. After Salk, and then Sabin vaccines in 1966, immunity could be guaranteed once the full course were given.

Treatment in the acute phase was for the most part, routine, and ended when all fever, headache, muscle and joint tenderness had passed. The patient now emerged from the three weeks of infectious isolation and either went home well, or, if there was paralysis or paresis (weakness only) began what might be a very long haul back to complete recovery, or to the best stage he could reach. It was in the long recovery phase that the most controversy<sup>20</sup> arose over treatment, and to grasp the reason, some understanding is needed of how healthy muscles work, and of what happens after polioviral attack.

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<sup>20</sup>. Controversy only arose between those not prepared to re-examine standard notions, and those who had a fresh approach. Some doctors told the writer they never experienced controversy - they simply took no notice of Sr. Kenny whatever.

Muscles are arranged in sets, one set balancing the work of another.<sup>21</sup> In the normal situation of say, a limb, one muscle set will contract to bring the limb forward, and its partner, or "antagonist", stretches to allow that movement. For the limb to move backwards, or return to the position of rest, the antagonist contracts to exert pull, and its partner relaxes to allow the movement. The limb is kept straight because the muscles and their attachments exert a proper and even force across and around the joint.

In a situation of muscular paralysis or paresis, the all-important *balance* is lost. When one muscle contracts, its weak or paralysed opponent passively stretches to allow the movement, but cannot exert any force to return the limb. It is the nature of muscle tissue and its attachments to *shorten* under conditions of unrelieved contracture, and for muscle which is stretched for too long, to completely lose its power to contract<sup>22</sup> (much like a band of elastic kept at maximum stretch.).

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<sup>21</sup>. This and most of the next paragraph are paraphrases of conversations with Mrs. G.A. Smith (Sr. Grueber) of Hobart, Miss Margaret Mack of Launceston, and Dr Jim Rogers, Sandy Bay, 1992. Hereafter, Mrs Smith shall be designated "Sr Grueber", the name more meaningful for those associated with this study.

<sup>22</sup>. C.H. Hembrow, "Lectures on Muscle Re-Education (Muscle Training)", unpublished monograph, 1938, p.16. Archives Office of Tasmania, Public Health Dept files, box HSD 18/3.

Muscles - and the bones to which they are attached - could become fixed in unnatural positions. Further deformities occur when bones themselves, after long inactivity, shorten, due to the body's reabsorption of calcium.

To avoid over-stretch and over-contraction, and, equally importantly, uneven wear and tear on joints, conventional medicine dictated that splints were to be worn to hold affected muscles firmly in their normal position of rest. This would prevent further irritation to nerves, and allow time for damaged cells to recover, and for healthy cells to "sprout" the new transmitting fibres that would power the paralysed muscle.

Immobility was achieved through the patient (or part thereof) being strapped to one or more of a huge array of braces made from plaster, or steel and leather, secured with bandages. The abdominally weak would wear corsets, others a body-brace. For further rigidity, splints could be secured to frames, which were secured to the bed. Patients spent day and night in their individually-tailored devices, except for the short period - perhaps an hour altogether - that they took baths and exercise.<sup>23</sup>

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<sup>23</sup>. Conversations with former patients, 1992.

Physiotherapy ("exercises" as the children called it) was seen as an essential part of the treatment. The masseuse's<sup>24</sup> task was to gently stretch contracted muscles and tendons, and to encourage any tiny "flicker" of movement, always stopping short of the point of fatigue. She kept constant watch on adjustments necessary to splints, to accommodate both growth and improvement. Therapy might include a period of work in warm salt water, and was sometimes taken in groups.

At last two years' work at muscle re-education and exercise was needed before therapists could realistically predict the extent of natural recovery. Most improvement would occur in the first year, but sometimes a second was needed to bring to light any hidden weakness the patient may, perhaps unknowingly, have masked with "trick" movements.<sup>25</sup> Some doctors, in the opinion of therapists, were over-eager to operate. When performed too early (i.e. less than two years after onset:

Operations [would] seriously retard progress in other paralysed regions, from the lowered vitality and loss of exercise.<sup>27</sup>

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<sup>24</sup>. Therapists were usually women and were known as masseuses. "Physiotherapist" did not come into general Australian usage until 1939, and war service. (Conversation with Miss Mack, 1992).

<sup>25</sup>. Hembrow, op.cit., p.48.

<sup>26</sup>. Ibid, pp.9-10.

<sup>27</sup>. Ibid, p.48.

Wisely or not, many operations were to be performed on Tasmanians. Aimed at improving function and comfort, transfers of tendons, fusion of unstable joints, and correction of bony abnormalities<sup>28</sup> were procedures endured up to fifteen times and more, by some patients.<sup>29</sup>

Debates about surgery though, were low-key compared with the feeling that arose over the question of how best to care for paralysed muscles in general. On the one side stood all the might of the medical establishment, and on the other stood a woman with her own commanding presence. Energetic, dogmatic, enigmatic perhaps, a woman not to be trifled with, Sister Elizabeth Kenny from the Queensland bush maintained that the orthodox system of treatment was fundamentally flawed. Acknowledging the need to protect damaged muscles from over-use, Kenny strenuously objected to the way it was being done. Instead of rigid splinting, *passive* means should be employed. To guard against a foot-drop, eg., a child should brace his limb against a box placed at the foot of the bed. Other affected muscles must be kept in place by the judicious placement of sandbags and pads of folded gauze. Amusement of children must be carefully directed at keeping them still.<sup>30</sup>

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<sup>28</sup>. Leboeuf, op.cit, p.15.

<sup>29</sup>. Reported in interviews with former patients, 1992.

<sup>30</sup>. M. Wilkinson, "Poliomyelitis epidemic 1937 - A Recollection", Aust. Paediatr. J., Vol.24, 1988, pp.112-113.

Kenny objected to splinting. With an instinct for psychology, she spoke about the need to maintain "impulse" in the patient - i.e. the impulse to want to move again. This end could not be reconciled with rigid immobilization which reinforced in the patient the notion that he had lost power. There were other serious drawbacks to splinting - it retarded circulation, so important for healing, and it created joint stiffness and muscle and bone wastage.<sup>31</sup>

While controlled exercise was, as acknowledged, a very important part of the conventional approach, it made up a much bigger component in the Kenny scheme and was conducted differently in several important respects. Firstly, children were exercised not once, but three if not four times per day. Secondly, every therapy session without fail began with a period of warming-up in warm salted water. Thirdly, great emphasis was laid on the therapist's demeanour and relationship with the child.

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<sup>31</sup>. Paraphrased from the review (writer unnamed) of Kenny's book (Infantile Paralysis and Cerebral Diplegia; Methods For the Restoration of Function), Medical Journal of Australia, Vol.1, No.19, May 8, 1937.



An optimistic and cheerful approach would best keep alive the child's "impulse" to move, and this would be reinforced by the worker's constantly directing the child to focus on the feeling in his muscles. Mrs. Wilkinson, at Hampton Hospital, Victoria, would hear the masseur saying:

'I am taking your arm (leg) up; I am taking your arm (leg) down.' The third time would be, 'You're taking your arm (leg) up; you're taking your arm (leg) down.'<sup>32</sup>

Obviously sessions like this could not be conducted *en masse* - occasionally two-to-one, there was nearly always one therapist to one patient.<sup>33</sup>

While some conservatives disparaged the metaphysical components, it is difficult to see where fault could be found with this therapy regime. Kenny's workers, in their own opinion, were extremely well trained in anatomy and thoroughly schooled in all movements and grips to be used.<sup>34</sup> Exercise was stopped, as for the others, before the point of fatigue. For many people the problem was

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<sup>32</sup>. M. Wilkinson, op.cit., p.313.

<sup>33</sup>.. Conversations with Margaret Wilkinson, O.A., and Sr. Grueber, New Town, 1992.

<sup>34</sup>. Sr Grueber. According to Mr. John Wilson of Quoiba, current Ph.D. student of implications for nursing in the Kenny method, a Dr. Jean Rowntree gave the anatomy lessons to Kenny nursing students at Brisbane.

practical - lack of time, space and therapists. Kenny's work was extremely labour-intensive.<sup>35</sup>

It is more difficult to assess the controversy over the use of hydrotherapy - a term used by both sides. For Sr Kenny, saline treatment was absolutely essential, but some doctors and many masseuses who were not followers of Kenny, used various forms of hydrotherapy also. Further, informants afford conflicting opinions on whether it was a new, or standard, practice.<sup>36</sup> Certainly for both Kenny and orthodox people the benefits of warm saline treatment were the same: relief from pain and stiffness, allowance of movement freed from the pull of gravity, and the patient's sense of well-being deriving from these. However well saline therapy might be attempted in the professionals' camp, it probably never matched Sr Kenny's detailed prescription.

While talk about surgery, psychology, exercise-styles and saline treatment was traded back and forth, the biggest argument always came down to the question of splinting. Orthodoxy maintained that refusal (or failure) to splint correctly led to certain deformity: as wrongly-aligned muscles "set" in new positions, joints

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<sup>35</sup>. Sr. Grueber, M. Wilkinson, telephone conversation, 1992.

<sup>36</sup>. Example: the Kenny reviewer (note 31) states that, with hydro-therapy, Kenny advanced no new principle, yet Dr John Grove states in a taped interview, 1987, that saline baths had never been part of standard medicine.

became dislocated, and bony changes occurred, to compensate.<sup>37</sup> Sr Kenny maintained that enforced immobility and insufficient exercise led to the same end. Medical opinion generally saw greater peril in too little splinting, than in too much.<sup>38</sup>

Many people, patients and professional alike, have criticized both sides for being arrogant, defensive, unwilling to explain themselves clearly, saying that gains for patients would have flowed from some sort of agreed combination of methods - eg. grafting Kenny's psychological approach onto the practice of splinting. Others reject any idea of combination, however, stating that it is a logical impossibility when, among other things, Sr Kenny's perception of the disease itself was radically different from the profession's. Whereas the latter saw the primary lesion as being in the anterior horn cells of the spinal cord, and the affected muscle as the paralysed one, Kenny saw the primary lesion as being in the muscle tissue itself - the tissue, that is, of the over-contracted muscle. Views so opposed would, for one thing, pose different dilemmas for muscle re-educators. There was a simple problem too, of a practical kind. As  
> Kenny did not clearly explain the philosophy behind her methods until 1943, according to Mr Wilson,<sup>39</sup> she would indeed have had an uphill battle to gain credibility by

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<sup>37</sup>. Hembrow, op.cit., loc.sit., p.16.

<sup>38</sup>. Kenny reviewer (note 31).

<sup>39</sup>. Mr John Wilson of Quoiba, telephone conversation, 1992.

1937, even if the profession had given her fair attention.

Almost certainly, there will never be agreement about who was "right". A Queensland Royal Commission, and hospital investigations in Victoria and New South Wales<sup>40</sup> made a number of favourable observations<sup>41</sup> but came down, on the whole, negatively. Results of treatment had been found to be no better, and in some cases, decidedly worse than those obtained by ordinary methods. John Wilson asserts that it was not until Kenny went to America that she was afforded proper facilities for the scientific evaluation of her work. There studies gave clearer results than in Australia, and she was applauded widely.

Kenny's lack of official success in Australia, though, does not mean that she had no significant part to play in Tasmanian history. Even such a body as the N.S.W. inquiry made the very important observation that it was Sr Kenny who was the first person to highlight the needs of the spastic paralysed in this country.<sup>42</sup> It was

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<sup>40</sup>. D. Zwar, op.cit.

<sup>41</sup>. "Findings of Committee of Enquiry into results of treatment of paralysis at Royal North Shore Hospital, Sydney", Medical Journal of Australia, Vol.11, No.20, 13 Nov., 1937.

<sup>42</sup>. Ibid. Many contemporary workers, such as Miss Margaret Mack, Head Masseuse at Launceston Public Hospital, agreed with this. Kenny also made conventional therapists reassess their methodology.

because of Kenny's reputation among many ordinary people that she would play a role in Tasmania, even at an official level.

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We are still a little way from Tasmania. Let us work our way thither by gaining some idea why Tasmania was in danger in 1937 - in danger of experiencing a huge epidemic that would test the resources of this society, collectively and individually, and bring into sharp focus issues about polio and its treatment which had until now been mostly (but by no means solely) a mainland affair.

The disease which would become all too familiar to Tasmanians was not a new one. Known in antiquity, polio was long endemic in many countries before revealing its epidemic nature around the turn of this century.<sup>43</sup> The reasons for the shift in incidence, ironically enough, have the most to do with improvements in general living standards.<sup>44</sup>

In former times in the Western World (and still, in under-vaccinated developing countries) poverty, overcrowding and bad sanitation ensured the virus was freely disseminated among the population. Most people came in contact with the disease in early childhood when their own natural resistance was highest. While a few

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<sup>43</sup>. D.R. Gamble, *op.cit.*, p.394.

<sup>44</sup>. *Ibid.*, pp.394-395, Brain, *op.cit.*, p.310.

would succumb to paralytic illness, most people in this situation acquired immunity which was strengthened through repeated contact.<sup>45</sup> As sanitation standards rose, fewer and fewer people met the virus in everyday life, and so had less chance to develop immunity. Then, when the virus was carried into this healthier environment, most people were now susceptible - and at greatest risk were the older children and adults denied the opportunities of a former era for developing progressive immunity. As the epidemic took hold, immunity gradually built up again, until eventually the community was able to throw off the attack, and the virus would temporarily die out in that region.<sup>46</sup>

Herein lies the second "disadvantage" of better living conditions. A virus, like any living species, endeavours to propagate itself, and where "herd immunity"<sup>47</sup> denies rapid person-to-person spread, the virus must, as it were, work harder. So, strains become more virulent - the disease must infect enough people quickly enough to ensure survival, before too many become immune.<sup>48</sup>

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<sup>45</sup>. Conversation with Dr L.N. Gollan, Launceston, 1992.

<sup>46</sup>. Medical Journal of Australia, Vol.11, No.5, 31/7/37; D.R. Gamble, op.cit., p.396.

<sup>47</sup>. Term used by A.M. Lilienfeld, Foundations of Epidemiology, Oxford University Press, New York, 1976, p.48.

<sup>48</sup>. Conversation with Dr. L.N. Gollan, Launceston, 1992.

Tasmania typified the place where a weak virus, the endemic sort, had been unable to gain a foothold. Never a wealthy society, Tasmania, like most other parts of Australia, had suffered grievously through the Depression, and still had pockets of poverty, especially in the countryside.<sup>49</sup> But, compared with conditions endured by grandparents and earlier forebears in the old countries, and even with contemporary expectations, the Tasmanian environment was healthy, and was improving further, by the mid-thirties. Despite the occasional appearance of poliomyelitis here, as well as several minor epidemics (1909, 1929, 1934)<sup>50</sup>, there was never sufficient infection to confer general immunity.

Other factors exacerbated the situation. Tasmania is - and this was especially true in the nineteen thirties - an isolated place, cut off from large population centres, and lacking large traffic in and out. Where populations mix, disease is kept "on the move", infecting and immunizing as it goes.<sup>51</sup> Furthermore,

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<sup>49</sup>. The Mercury newspaper, Davies Bros. Ltd., 93 Macquarie St., Hobart, (hereafter called Mercury), 20/7/37.

<sup>50</sup>. Statistics of the State of Tasmania, Commonwealth Bureau of Census and Statistics, Tasmania Branch, Hobart, for the years 1909-10, 1929-30, 1934-35. (Hereafter designated Statistics of Tasmania).

<sup>51</sup>. Conversation with Dr. Gollan, Launceston, 1990.

Tasmania supported many small communities cut off from one another - islands within an island - adding to the population's susceptibility.

Tragically for this vulnerable society, there was a virus, in virulent form, not far from our shores.<sup>52</sup> It had caused havoc in New Zealand over the summer of 1936-37<sup>53</sup>, and had been at work in serious epidemic form for five months in Victoria.<sup>54</sup> It only required favourable climatic conditions, the same as for typhoid - hot and preferably humid<sup>55</sup> - to unleash its power here.

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<sup>52</sup>. Dr L.A. Dey, Medical Journal of Australia, Vol.1, No.19, May 7, 1938.

<sup>53</sup>. Letter from Dr. J.H.L. Cumpston, Director-General of Health, reporting incidence of notifiable infectious disease on the Pacific seaboard, to Dr. B.M. Carruthers, Commonwealth Health Laboratory, Launceston, Tas., Sept. 1937. Archive Office of Tasmania, Public Health Dept. files, box HSD 16. (Hereafter, such letters will be designated 'Cumpston to Carruthers', with date, if available.).

<sup>54</sup>. Cumpston to Carruthers, 12/11/37.

<sup>55</sup>. Lord Brain, Diseases of the Nervous System, 6th ed., Oxford University Press, London, 1962, p.409.



Meteorology obliged. The atmosphere, though rain-free until February, was humid, and, as for warmth:

Mean temperatures for the Spring months were from 1 to 3 degrees above the average. The mean for the four months August to November, inclusive, was the highest on record at Launceston, and the highest since 1872 at Hobart.<sup>56</sup>

It would go on, well into 1938:

Mean monthly temperatures were mostly above normal for the first six months...<sup>57</sup>

The scene was set. All epidemiological indicators were present: susceptible population, virulent virus on the doorstep, and favourable weather conditions. Tasmania was on the brink of her worst - probably the world's worst - poliomyelitis epidemic ever.

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<sup>56</sup>. Statistics of Tasmania, 1937-38, part III, p.50.

<sup>57</sup>. Statistics of Tasmania, 1938-39, p.45.

## PRE-HISTORY

Keep your heads and do not  
get rattled if the infantile  
paralysis epidemic comes to  
Hobart... just take it as it  
comes and do not worry too  
much.

Governor, Sir Ernest Clark  
to boys at Hutchins School  
(Mercury, 10/12/37).

"Once upon a time" is a good way to start a story because it leaves the real beginnings where they really are - in the mists of time. Tasmania was on the brink of a terrible epidemic in November, 1937, but it is not with this date that the story of the Great Scourge<sup>1</sup> begins. Of all the possible beginnings, the most appropriate lies almost exactly two years before.

The twenty-first of October, 1935 saw the inauguration of the Tasmanian Society for the Care of Crippled Children (T.S.C.C.C.)<sup>2</sup>, an organisation whose later story parallels that of the epidemic, but whose actions before November 1937 laid so much of the groundwork for the subsequent handling of the epidemic and its aftermath, that its beginnings merit attention.

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- <sup>1</sup>. Term used in conversation by former patient, Mr. E.A.V. Smith of Howrah, 1992. It also occurs in the Almoner's Report, Tasmanian Society for the Care of Crippled Children, Fourth Annual Report, 30/6/39, and in St Giles Society, Seventeenth Annual Report. It seems that many people, wittingly or not, agree with C. Koch (p.1) that poliomyelitis represented some sort of (divine) punishment.
- <sup>2</sup>. Report of the Tasmanian Society for the Care of Crippled Children, to be presented at the First Annual Meeting held at 105 Macquarie St., on Monday, Feb. 15, 1937, at 5pm, copy held in Society archives, care Mr. Rob Moore, Moore Robson's, Davey St.

Set up by a group of Rotarians and other community-minded Hobartians, the Society's purview would always, despite its name, include cripples of all ages. Two of its more prominent members were Dr. A.W. Shugg, Paediatrician, and Dr. D.W.L. Parker, Orthopaedic Surgeon.

There was a second body which would be actively involved throughout the epidemic, and which, too, began at an earlier point. While they had co-operated well with group one from *their* beginnings (and would continue to do so) the real labour for Tasmania's Public Health Department began in the winter of 1937, about five months before the epidemic. They were led by their energetic Director, Dr. Bruce Maitland Carruthers.

The third group was not as compact. It consisted of one visible entity - the "Citizens' Health Protection Council" (C.H.P.C.) led by Launceston businessman John Hogan - and a number of tiny groupings and scattered individuals from various parts of the state, who either agreed with the C.H.P.C., or had other things to say. These were the disaffected: all those ordinary Tasmanians who had complaints to make - some serious, some trivial - about the way the impending crisis was being handled. The clamour was loudest before the epidemic, but had echoes throughout.

Let us look, in turn, at the parts played by these groups. In order to appreciate the roles of at least the first two, it is important to realize that before 1930, virtually nothing was done in Australia, on a systematic basis, for cripples. Until someone took the

responsibility for counting them - victims of poliomyelitis, bone tuberculosis, hydroencephalitis, cerebral palsy and accidents - no-one knew how many there were, or what should be done for them. The Tasmanian Society began work about five years after that of New South Wales<sup>3</sup>, and they were both based on an English model, some few years older.

One spur to action, at least in Tasmania, was "Lord Nuffield's Gift" to Australian cripples, presently managed by Trust Chairman and Federal Director-General of Health, Dr. J.H.L. Cumpston.<sup>4</sup> Moneys were ready for distribution as soon as States set up the means of administering their portions.<sup>5</sup> Tasmania's share was to be L10,000, but had an important condition attached. The Government could use L5000 of the Gift to build a Convalescent Home, but must first guarantee the maintenance of that Home thereafter. As there was total government ignorance about numbers and kinds of cripples, a study would have to be undertaken.

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<sup>3</sup>. This society, like Tasmania's, was mostly the inspiration of Rotary. Its first meeting was held on 17/12/29 (conversation, via telephone, with the N.S.W. Society for Crippled Children, Sept. 1992.)

<sup>4</sup>. T.S.C.C.C., First Report, for period 21/10/35-31/1/37.

<sup>5</sup>. T.S.C.C.C., Third Annual Report, 1/7/37-30/6/38.

The T.S.C.C.C. needed statistics also. They had an ambitious agenda of medical, educational, vocational, and practical plans for the cripples of this State, and so their immediate needs dovetailed with the governments. With an advance of L500 from the Trust,<sup>6</sup> and a further loan of L100 from Rotary,<sup>7</sup> the Society carried out an eighteen-month survey of every cripple in the Island, attracting so much enthusiastic voluntary assistance (a tradition which would develop) that costs came to only L37 and advances were returned.<sup>8</sup> Between four and five hundred cripples of all ages, many living in degraded circumstances, were counted<sup>9</sup>, a tally which, ironically enough, nearly convinced the government of the impossibility of accepting the gift: how could they undertake to maintain the proportion of that number who would need care in the Home specified?

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<sup>6</sup>. Ibid.

<sup>7</sup>. T.S.C.C.C., First Report.

<sup>8</sup>. T.S.C.C.C., Third Annual Report.

<sup>9</sup>. T.S.C.C.C., First Report. Following information is from the same source.

The T.S.C.C.C., with other work to do, could hardly let the Nuffield Gift slip away without a fight. Unable themselves to underwrite the main condition of the grant, they saw it as imperative that some sort of facility be set up in the State for those cripples (apparently upwards of forty) who obviously needed live-in help. They discussed their worries at the "all-Australia Conference of societies and others interested in Crippled Children work" held at Canberra in April, 1936, and, a little later, with Dr. Cumpston. Perhaps a compromise could be found. What if, instead of having to build and maintain a separate Home, the government could use the £5000 building component on providing a fully-equipped orthopaedic clinic at the new public hospital being built in Hobart? Maintenance would then merge with general hospital expenses.

While negotiations proceeded, the T.S.C.C.C. worked to implement its charter - to give curative treatment, to provide education, and to put people in touch with vocational training and jobs<sup>10</sup>. Working through sub-committees, the Society, in this pre-epidemic period, built bridges with government and community organizations, put in place administrative structures and improved their overall expertise in dealing with crippled people so that, when the epidemic struck, changes in *the scale* of operations were all that was needed. True

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<sup>10</sup>. Mercury, 10/2/37.



progressives, they were used from the start to keeping accurate records and efficient administrative practices<sup>11</sup>, and believed in the need of welfare bodies to employ only expert staff.<sup>12</sup>

The Educational and Vocational Sub-Committee, formed in 1935<sup>13</sup> had taken on the enormous responsibility of providing education for young cripples in hospital, and of aiding older cripples either to find a suitable position, or training which would lead to independence.

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<sup>11</sup>. An important aspect of the Society's efficiency, said Mr. Bill Shugg of South Hobart (taped conversation, 1992), son of Dr. A.W. Shugg and Honorary Life Member of the Society, was that the T.S.C.C.C. never fell into the trap of employing staff, or assuming responsibility for tasks, which should properly be the province of government. Hence they would arrange for Education Dept. employees to teach the cripples, and would ensure later that Wingfield House be staffed by the Hospital.

<sup>12</sup>. Similarly, while the Society began transporting children to school, they divested themselves of this responsibility as soon as possible. This policy left funds free for employing people, and providing services, not suppliable by government, (T.S.C.C.C., Third Annual Report).

<sup>13</sup>. T.S.C.C.C., Third Annual Report.

Discussions between the Society, the Hobart General Hospital's Board of Management, and the Director of Education, Mr. G.V. Brooks, (an Educational Progressive) resulted in the Education Department's providing a teacher from the beginning of July 1937<sup>14</sup> to teach young long-stay patients suffering from infantile paralysis, or infected bones and joints. Ten under-sixteens, several seventeen-to-twenty-year-olds, and a number of out-patients, would form the first class.<sup>15</sup> After formal lessons these children and young people (both in- and out-patients) would take part in "occupational therapy" sessions, also arranged by the T.S.C.C.C.<sup>16</sup>

While many of the above-mentioned youngsters had missed about a year of schooling<sup>17</sup>, the statewide survey of cripples, revealed an appalling lack of education among older cripples, some of whom had spent years of

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<sup>14</sup>. "Hestia", Mercury, 29/6/37. Long-stay children at the Launceston General Hospital had, apparently unbeknown to the Minister (Mercury, 19/6/37) enjoyed the benefits of an Education Dept. teacher for two years already, organized by the Rotary Club (Mercury, 30/6/37). Fifteen or sixteen children, many flat on their backs, were being taught (Mercury, 15/7/37).

<sup>15</sup>. Mercury, 29/6/37.

<sup>16</sup>. Mercury, 4/8/37.

<sup>17</sup>. Mercury, 29/6/37.

childhood in hospital<sup>18</sup>. For those who could not readily visit larger centres, the Society organized tuition in cripples' homes (in much the same way as the Education Department's Miss Rowntree taught the blind.<sup>19</sup>) Others, such as a men's group at Vaucluse, received instruction in handcraft skills from volunteers such as Miss D. Henslowe, and Messrs Hudspeth, Golding and Stephen. The Society advanced sums for the purchase of materials for tapestry, basket-making, and meshing, and arranged for the sale of completed goods.<sup>20</sup> Every effort was made to find or supply vocational training which best fitted the interests and inclinations of sufferers.<sup>21</sup> A total of fifty-four older cripples were helped in these ways prior to the epidemic; it is not clear whether the "several" boys who were found jobs were included in this figure.<sup>22</sup>

There was much activity on the medical front also. An early concern was the number of cripples who, discharged from hospital, neglected to return for follow-up treatment. The T.S.C.C.C. "Transport Committee" arranged conveyance for those patients who agreed to come for out-patient treatment if such practical help were available.<sup>23</sup> Thus began in a modest way what would later become a major logistics exercise.

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<sup>18</sup>. T.S.C.C.C., Third Annual Report.

<sup>19</sup>. "Hestia", Mercury, 29/6/37.

<sup>20</sup>. T.S.C.C.C., Third Annual Report.

<sup>21</sup>. Mercury, 4/8/37.

<sup>22</sup>. Ibid.

<sup>23</sup>. Mercury, 29/6/37.

With patients now coming, treatment had to be properly organized. In the Autumn of 1937, Doctors Shugg and Parker sought permission of the Public Health Department to begin work on the cripples uncovered from the 1929-30 poliomyelitis epidemic. They undertook to examine a certain number per week<sup>24</sup>, and covered one hundred and thirty by December, 1937.<sup>25</sup> After examination and assessment, they ordered programmes of muscle re-education for each patient, all details being "indexed in systematic manner".<sup>26</sup> Awaiting the response of the Nuffield Trust to their plan for the new hospital clinic, the doctors began work using existing facilities.

The "existing facilities" though, had not existed very long. The good doctors at the hospital were using the facilities of a small orthopaedic centre housed in the timber church which lay between the mortuary and the women's hospital.<sup>27</sup> Two nursing sisters had commenced duty therein, in April 1937,<sup>28</sup> after a period of interstate study. They were running Hobart's *Kenny Clinic*.

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<sup>24</sup>. T.S.C.C.C., Minutes of Second Meeting, to cover period 1/2/37 - 30/6/37.

<sup>25</sup>. T.S.C.C.C., Third Annual Report.

<sup>26</sup>. Mercury, 4/8/37.

<sup>27</sup>. Conversation with Sr. Allison Grueber, 1992. The church was used as such on Sundays ("Day by Day", Mercury, 4/8/37).

<sup>28</sup>. Hobart Public Hospital, Annual Report, 30/6/37.

Initiatives, like story beginnings, can be hard to place, especially when important people claim undue credit. When Mr. Eady, M.L.C. asked, twelve days into the epidemic on November 17, whether Tasmanian nurses couldn't be sent to study under Sr. Kenny, the Minister for Health, Dr. Gaha, claimed *the epidemic had been predicted*, and that already there were two Kenny sisters at work in the State.<sup>29</sup> The blatantly implied connection between anticipation of epidemic and establishment of Clinic was unjustified: the Minister would let slip only a few days later that there would never have been a scare in Tasmania without the outbreak in Melbourne,<sup>30</sup> and he should have known that it was fully nine months before that outbreak that the Tasmanian sisters had left for Kenny training.<sup>31</sup>

Hobart's Mrs. G.A. Smith, formerly Sr. Allison Grueber and one of the afore-mentioned Kenny sisters, has a different view about the inspiration behind the Kenny Clinic.<sup>32</sup> It is based on John, a child with a spastic hand. John's mother, disgusted with Hobart's lack of

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<sup>29</sup>. The Advocate, The Advocate Newspaper, 56 Mount St., Burnie, 18/11/37 (hereinafter termed Advocate).

<sup>30</sup>. Mercury, 9/12/37.

<sup>31</sup>. Hobart Public Hospital Annual Report, 30/6/37.

<sup>32</sup>. Conversation with Sr. Grueber, 1992.

help for cripples, took the matter up with Mr. Tommy D'Alton, who took the matter up in Parliament. The minister agreed that something be done, and handed over to the Public Health Department.

Dr. Carruthers ran with the challenge, his Department thereby beginning its part in the epidemic's pre-history. The Director advertised for two trained sisters to travel to Queensland to study at Sr. Kenny's Brisbane clinic. Appointed to the Department in September 1936,<sup>33</sup> Sisters Grueber and Fanny (Pop) Barnet left immediately to undertake six or seven months of intensive study.<sup>34</sup> While away they were joined for a week by Dr. Parker sent by his Hospital - on ministerial and departmental advice - to learn whatever he could

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<sup>33</sup>. Report of the Director of Public Health for the year ended 31/12/36, J.P.P.P., Hobart, 1937. The appointment was to be for a period of two years, but the Department later asked Sr Grueber to remain on their books should she ever again be required. Required again she was, in the epidemic of 1950-52 and as far as she knows, unless her name has slipped between ledger and computer, Sr Grueber is still an official employee, unpaid, of the Health Department of Tasmania, in 1992.

<sup>34</sup>. Confirmed in conversation with Sr. Grueber, 1992.

about setting up the projected Kenny facility in Hobart.<sup>35</sup>

The Tasmanian government, in the ways just outlined, had shown far more decisiveness than their Victorian counterparts who, despite trying very hard, were nearly overcome in a tremendous battle with the medical profession. It was not until the Victorian epidemic was five months old that Kenny sisters were sent to study in Sydney,<sup>36</sup> and a further two months elapsed before Victoria could boast a Kenny facility of its own.<sup>37</sup> In Tasmania's case, the nurses began work within a week of their April return,<sup>38</sup> and were treating thirty outpatients per day by August.<sup>39</sup> Said to be "rendering excellent service"<sup>40</sup> the sisters worked with a style of efficiency previously unknown at the hospital.<sup>41</sup> While the Hospital itself had only instituted a proper record system ten months before,<sup>42</sup> the Kenny sisters kept

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<sup>35</sup>. Hobart Public Hospital, Board of Management Minutes, 1/3/37. Archives Office of Tasmania, Public Health Dept. files HSD 11/5. Mercury, 4/8/37, says Parker had two weeks away.

<sup>36</sup>. Advocate, 16/11/37.

<sup>37</sup>. Mercury, 7/1/38.

<sup>38</sup>. Hobart General Hospital, Annual Report, 30/6/37.

<sup>39</sup>. Mercury, 4/8/37.

<sup>40</sup>. Ibid.

<sup>41</sup>. Hobart General Hospital, Annual Report, 30/6/36.

<sup>42</sup>. Hobart General Hospital, Annual Report, 1/7/37.

"complete case records with progressive photographs" on each patient,<sup>43</sup> and notched up seven months' worth of experience before they were called upon to deal with the avalanche of fresh cases in November.

So, long before there was even a hint of poliomyelitis in Victoria, two groups - the Tasmanian Society for the Care of Crippled Children, and the Public Health Department - were playing important parts in our epidemic's early pre-history. Their roles were distinct, but complementary. They merged at crucial points like the Kenny Clinic where the sisters were paid by Public Health to do work found by the T.S.C.C.C. The tradition of fruitful co-operation, thus founded early, would later take in other groups, and would be a hallmark of the history and aftermath of the epidemic.

While the T.S.C.C.C. worked steadily on its agenda from the time of its inception, the Public Health Department enjoyed a few months attending to routine work after setting up the Kenny Clinic. Its workload, though, very soon increased mightily when Tasmanians were alerted in mid-July to a three-week-old outbreak of infantile paralysis - fifteen cases - in Victoria.<sup>44</sup> When the caseload had reached twenty-five, the outbreak was termed an "epidemic", and Medical Advisory Committees were set up in Victoria.<sup>45</sup> The Tasmanian Public Health Department made their first statement to the public ten days later.

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<sup>43</sup>. Mercury, 4/8/37.

<sup>44</sup>. Mercury, 14/7/37.

<sup>45</sup>. Mercury, 23/7/37.



They acknowledged the danger to Tasmania, gave information about the disease, and about the precautions taken here already. Indicating that their role over the next few months would be to prevent, to prepare, and to educate, the Department expressed all these elements in its earliest response to the Victorian epidemic - the setting up of the Infantile Paralysis Advisory Committees. This response again indicated the progressivism of the Tasmanian Public Health Department as it acknowledged that *experts* should play an important part in the management of social problems.<sup>46</sup>

Two committees were established - one for the north, and one for the south. Both were to work closely with the Director of Public Health, and consisted of doctors who had had significant roles in the 1934 epidemic: in the north, Drs. J.L. Newell, J.M. Pardey, J.L. Grove, and J.C. Fulton, and in the south, Drs. Shugg, Walch, T. Gaha, T. Atkins and D. Parker.<sup>47</sup> Their role, according to Dr. John Grove,<sup>48</sup> was twofold - to prevent the spread of

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<sup>46</sup>. Prof. R.M. Allan (Medical Journal of Australia, Vol.11, No.11, 11/9/37) regards Victoria's similar action in the same light.

<sup>47</sup>. Mercury, 4/8/37.

<sup>48</sup>. Dr. J. Grove and Bill Sullivan, taped interview, 1987.

disease (*within* Tasmania) and to make provision for treating the various stages. Another task - surely the primary one - was overlooked by the aged Dr. Grove: to advise the Public Health Department as to measures which might prevent the disease crossing the Strait. We will examine these roles shortly.

The Committees had to update their own information. Their best advisor was the Public Health Department of Victoria, who from the beginning of Melbourne's epidemic, had promised to pass on all relevant information to Tasmania.<sup>49</sup> Further assistance was given by Macfarlane Burnet of the Walter and Eliza Hall Institute, and Dr. Scholes of the Queen's Memorial Infectious Diseases Hospital at Fairfield.<sup>50</sup> Some doctors (unnamed, but surely of the committees) undertook study at Fairfield, and Dr. John Fulton spent about a week with Dr. Jean Macnamara,<sup>51</sup> presumably studying, among other things, the workings of respirators, which were as yet unknown in Tasmania.

Having set up the Advisory Committees, the Department continued its preventive work by announcing a series of measures designed to keep the disease out of Tasmania. The Victorian Health Department was co-operating with the Tasmanian Tourist Bureau in Melbourne

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<sup>49</sup>. Director Public Health, Annual Report, 31/12/37, J.P.P.P., Hobart, 1938.

<sup>50</sup>. Ibid.

<sup>51</sup>. Dr. Grove, taped interview 1987; writer's conversation with Dr. R.A. Lewis, 1992.

by checking any intending passengers who were residents of infected areas. Public Health had to be satisfied that travellers had had no contact with cases of infantile paralysis before they would allow a ticket to be issued.<sup>52</sup>

The next steps required the co-operation of the Tasmanian Education Department. Teachers and student-teachers were urged to refrain from travelling to Victoria for inter-varsity sporting and cultural activities during the school holiday.<sup>53</sup> A week later the urging was stronger - should teachers go, they would be isolated, and *unpaid*, for three weeks on their return.<sup>54</sup> Children who came to Tasmania, via Melbourne, and Tasmanian children returning home via Melbourne, must not attend a State School for three weeks, and it was hoped private schools would rule similarly.<sup>55</sup> Children entering Tasmania from ports other than Melbourne, must be interviewed on arrival.<sup>56</sup>

By mid-August, Tasmania's Northern Advisory Committee decided to impose stricter requirements. While adults continued to need certification only if they came

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<sup>52</sup>. Mercury, 6/8/37.

<sup>53</sup>. Mercury, 11/8/37.

<sup>54</sup>. Mercury, 19/8/37.

<sup>55</sup>. Mercury, 11/8/37.

<sup>56</sup>. Mercury, 19/8/37.

from infected areas,<sup>57</sup> it was now the case that *all* children under sixteen contemplating a trip from Victoria, needed to show a non-contact certificate at the point of embarkation. On their arrival in Tasmania, passengers received a pamphlet signed by Dr Carruthers.<sup>58</sup> It informed them of the following: firstly, children must be isolated from other children (if possible, even within the family) for three weeks; secondly, during isolation, parents must report at intervals of three days, by telephone, and before 10 am, on the state of health of their children, to a district health officer. At any hour, the slightest indisposition must be reported. Thirdly, all close contact, especially kissing, was to be avoided within the family; and lastly, adults, though not isolated, must avoid close contact with others, e.g. at shops or entertainment venues, as much as possible. By the end of August, breaches of the first two regulations would incur a fine of L20.<sup>59</sup> Notification of intention to travel elsewhere in Tasmania was sent ahead, so that local councils would ensure observance.<sup>60</sup> Newcomers were visited daily by council health inspectors or nurses, and more often if non-observance of regulations was suspected. (Any person -

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<sup>57</sup>. Victorian Advisors maintained the adult population would have developed immunity by now (Mercury, 19/8/37).

<sup>58</sup>. Mercury, 17/8/37.

<sup>59</sup>. Mercury, 28/8/37.

<sup>60</sup>. Mercury, 17/8/37.

visitor or local - who was even rumoured to have symptoms of the disease, was visited also.) In taking all these precautions, Tasmania was weeks ahead of New South Wales, which had just introduced the same strategy.<sup>61</sup> Forty-nine children were in isolation in Tasmania by mid-September.<sup>62</sup>

Despite the efforts of everyone - authorities and people alike - there was still the potential of danger for Tasmania. Preventive measures could fail, and no secret was made of the fact that the disease could always appear spontaneously.<sup>63</sup> Because of this, Public Health had to make preparation. The Infantile Paralysis Advisory Committees - agents of the Department - had the largest role. They had to arrange for diagnosis of the disease and for accommodation and treatment of patients.

The southern committee met in August<sup>64</sup> to organize a specialist consulting service (themselves) and to inform all medical officers that any suspicious case must be referred either to a member of the committee, or to the Hobart General Hospital, for final diagnosis. Dr Carruthers asked the Hobart City Council to make Vacluse Hospital available for acute cases - Council to pay for

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<sup>61</sup>. Advocate, 2/9/37.

<sup>62</sup>. Advocate, 14/9/37.

<sup>63</sup>. Advocate, 21/9/37.

<sup>64</sup>. Mercury, 17/8/37.

the first twenty-eight days as was usual in infectious cases, the patient thereafter to be sent to Hobart General Hospital. Nurses would be made available from the General, should the need arise.<sup>65</sup> Presumably, similar arrangements were made in Launceston.

As well as beds and nurses, there would also be a need for respirators and splints. Dr Grove has stated that the Northern Advisory Committee developed both a splint-making, and a respirator capacity before the epidemic.<sup>66</sup> Exactly what part the Committee played in such development is difficult to trace today. They did not establish a splint-shop - the Hospital did not have one until 1938.<sup>67</sup> Doubtless (as Miss Mack reported no splint shortage during the epidemic) the usual suppliers were alerted: the Melbourne firm who made abdominal corsets, and the two local firms, the splint-makers, Jackson's Lock and Brassworks, and the Keane St. Ship's Chandler, Sanders, who padded the splints.<sup>68</sup> Southern suppliers were also surely prepared. The story of respirator-supply is easier to trace. The Public Health Department, knowing, as did all Tasmanians, the value of respirators in the Victorian epidemic,<sup>69</sup> slowly built up stock in this State. Launceston received her first

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<sup>65</sup>. Mercury, 17/8/37.

<sup>66</sup>. ABC interview, with Bill Sullivan, 1986.

<sup>67</sup>. Launceston Public Hospital, Annual Report, 30/6/39.

<sup>68</sup>. Suppliers named by Head Masseuse, Miss Margaret Mack, telephone conversation, 1992.

<sup>69</sup>. Mercury, 16/9/37.

two (a child's and an adult's) to treat paralysis of both poliomyelitis and diphtheria, in September.<sup>70</sup> Hobart's first arrived in November,<sup>71</sup> and Queenstown's in December.<sup>72</sup> There were now ten respirators in Tasmania,<sup>73</sup> all but one, which was built locally, imported from New South Wales and Victoria.

While awaiting the arrival of respirators, especially in the south, the government pointed to the Kenny Clinic as symbolizing their preparedness. Official visits by such as the Chief Secretary, were given much publicity, and reporters pointed out that, as staff had worked in the 1934 epidemic, and had had the great benefit of Kenny training, any future cases could be assured of "skillful supervision and management".<sup>74</sup> Publicity both outside and inside Parliament aided the government's cause of reassuring and educating the public.

While the Minister condescended to address the people once by wireless,<sup>75</sup> the Public Health Department had a great deal to do, in pre-epidemic public relations.

<sup>70</sup>. Mercury, 10/9/37. It is Dr Gollan's information that the respirators had a joint purpose.

<sup>71</sup>. Advocate, 18/11/37.

<sup>72</sup>. Mercury, 16/12/37.

<sup>73</sup>. Mercury, 24/11, 9/12, 16/12/37.

<sup>74</sup>. Mercury, 4/8/37.

<sup>75</sup>. Advocate, 2/9/37.

Firstly, the people had to be informed, and to this end the Director made many press statements, both about the disease's signs and symptoms, and about what to do if their appearance was suspected. The first such bulletin featured in early August,<sup>76</sup> and others informing how the disease could be caught, followed.<sup>77</sup> The Education Department published an advisory pamphlet on the disease in the August issue of the "Educational Record".<sup>78</sup> Teachers were expected to study it carefully, and telegram the Education Department should a case be confirmed.

Educating the public about poliomyelitis was one thing; reassuring them that every possible precaution was being taken, was another. Again, Public Health led the way. It reminded the people that they were in constant touch with the Victorian department, which was very helpful.<sup>79</sup> The Advisory Committees who were responsible for issuing all directions, were composed of competent and experienced people, in whom the public could have complete faith.<sup>80</sup> Medical officers had been despatched to all regions to boost inspection of visitors to the State,<sup>81</sup> and doctors had, moreover, been instructed to

<sup>76</sup>. Mercury, 4/8/37.

<sup>77</sup>. Advocate, 9/9/37.

<sup>78</sup>. Mercury, 24/8/37.

<sup>79</sup>. Mercury, 4/8/37.

<sup>80</sup>. Ibid.

<sup>81</sup>. Mercury, 17/8/37.



prosecute for any breaches of restrictions.<sup>82</sup> Poor people, worried about the possibility of disease, could obtain free specialist advice by contacting the Public Health Department.<sup>83</sup>

In the cause of reassurance, numerous authorities were called upon to state publicly that the best possible efforts were being made. The Minister spoke first,<sup>84</sup> the Advisory Committees next,<sup>85</sup> and then the Premier tried his hand.<sup>86</sup> He not only addressed the people, he sought the views of doctors, and saw that no fewer than thirteen individual letters from members of the B.M.A. (Tasmanian Branch) appeared in the press.<sup>87</sup> These doctors told the public that everything possible was being done. The B.M.A. followed up this impressive performance with a notice that the people should have every faith in their Public Health Department.<sup>88</sup> City Health Departments, which reported they had no need of further manpower assistance,<sup>89</sup> spoke of the strictness of their interviews and inspections of new arrivals, and of their

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<sup>82</sup>. Mercury, 1/9/37.

<sup>83</sup>. Mercury, 30/7/37.

<sup>84</sup>. Mercury, 16/8/37.

<sup>85</sup>. Mercury, 2/9/37.

<sup>86</sup>. Mercury, 7/9/37.

<sup>87</sup>. Mercury, 8/9/37.

<sup>88</sup>. Mercury, 17/9/37.

<sup>89</sup>. Advocate, 31/8/37, Mercury, 7/9/37.

thoroughness in observing people in isolation. Surprise visits were paid daily, and sometimes twice daily.<sup>90</sup>

Perhaps people should have felt reassured but they did not. When Dr. C.N. Atkins of the Hobart City Council, returning from Adelaide, reported that far more prominence was given to tuberculosis than to infantile paralysis at the Australasian Medical Conference,<sup>91</sup> some people might have comforted themselves with the knowledge that more Australians were hurt by other diseases, and even by the motor-car than by infantile paralysis, as Dr Atkins suggested, but others would have taken such a report to mean that *still* not enough attention was being paid to infantile paralysis.

There was, of course, something behind the superabundant efforts at public reassurance, and that was the rising tide of disquiet, fear, and even anger, given increasing public expression. Complaints ranged from cautious calls by the Mercury's Editor,<sup>92</sup> and the Tasmanian Women's Non-Party League<sup>93</sup> for more public information about the disease, to loud calls that any authorities "responsible" for a future outbreak should be made suffer for it.<sup>94</sup> Generally, complainants fell into

<sup>90</sup>. Mercury, 9/9, 17/9, 23/10/37.

<sup>91</sup>. Mercury, 28/8/37.

<sup>92</sup>. Mercury, 4/9/37.

<sup>93</sup>. Mercury, 6/8/37.

<sup>94</sup>. Mercury, 6/9/37.

three categories: those who were against the precautions, those who were against precaution - busters, and those who wanted greater precautions.

The first group, apparently, was mostly composed of people who felt inconvenienced and irritated - presumably locals who were not allowed to mix freely with visiting mainland friends and relatives, and Tasmanians whose children were under three-week isolation because of contact with Victorians. The existence of this group can be assumed from the fact that at least one citizen wrote to the paper urging them to stop whingeing - to think of the common good.<sup>95</sup> Some people, like R.R. Daniels of New Norfolk, had more substantial objections to the precautions.<sup>96</sup>

Told by the Tasmanian Government Tourist Office in Melbourne that his children would be examined by a medical officer during the isolation period, Daniels was annoyed to find that it was parents who were in fact expected to examine and report - something he maintained he was not qualified to do. Warned about the need to keep his children strictly apart from all others in Tasmania, Daniels was mystified that his offspring were allowed to mingle freely aboard ship, at the wharf in Launceston, and on the train journey south - meeting the full force of the impostes only when they reached their

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<sup>95</sup>. Mercury, 4/9/37.

<sup>96</sup>. Mercury, 6/11/37.

destination. The restrictions, cried Daniels, were "ineffective and dangerous" and would, moreover, affect the tourist trade, as they made Victorians feel unwelcome. He was sufficiently incensed to discuss the matter with E.J. Tudor, Secretary of the Public Health Department, who left him unsatisfied.

Probably far greater in number were the folk who fully supported the restrictions, and were incensed at the idea that they might be insufficiently enforced - that individuals could be evading them and endangering others. They pointed at the mother at Gravelly Beach, allegedly out for the day when only half the isolation period was over,<sup>97</sup> and at the woman boarding in Launceston, pretending she was from Hobart when her child had been heard to say they had "come over on the big boat".<sup>98</sup> While some worried watchers were a little too hasty, jumping to incorrect conclusions,<sup>99</sup> others were not worried enough, said the B.M.A. The doctors deplored less the visitors, than those local people who refused to observe the spirit of the regulations - eg. parents who allowed their children to visit and play with children in "isolation". These people endangered their own children, and other playmates, and displayed "absolute lack of co-operation".<sup>100</sup>

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<sup>97</sup>. Mercury, 6/9/37.

<sup>98</sup>. Mercury, 9/9/37.

<sup>99</sup>. Mercury, 17/8/37.

<sup>100</sup>. Dr John Grove, Secretary Northern Tasmanian Division B.M.A., Mercury, 17/9/37.

By far the greatest number of angry people - and they probably included the above group - were those who alleged inadequacy in the precautions taken, and called for more drastic measures. They had little confidence in the practice of isolation, and wanted some form of *quarantine* of the State of Victoria (exclusion of travellers therefrom) or else proper quarantine of travellers - some said adults as well as children - once they arrived in Tasmania.

As for quarantine of Victoria, other states had already tried to impose that, and W.M. Hughes, Federal Minister for Health, was reported in the Tasmanian press as saying such a move was probably impossible, both constitutionally and legally, and would, moreover, be as ineffective now as it had been during the world flu epidemic of 1919.<sup>101</sup> Many Tasmanians found this stance hard to accept. Respectable groups like the Launceston City Council,<sup>102</sup> and people who feared moneyed interests rather than the law as the true obstacle to quarantine,<sup>103</sup> argued with the Premier, Mr. Ogilvie, who made it quite clear that if Tasmania passed a law to exclude Victorians, it would not be worth the paper it was written on.<sup>104</sup>

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<sup>101</sup>. Mercury, 21/8/37.

<sup>102</sup>. Advocate, 31/8/37.

<sup>103</sup>. Mercury, 6/9/37.

<sup>104</sup>. Mercury, 7/9/37.

In some quarters, the idea of *internal* quarantine caught on - that is, physically impounding visitors to the State, for just how long no-one actually stated. Calls for this were sufficiently strong to cause the Infantile Paralysis Advisory Committees to debate the issue. There would be no point, they said, in placing only children under sixteen in depots - to be truly effective, visiting adults would also have to be impounded, a move they could not support. The paper printed the Committees' reason in heavy type, suggesting, perhaps, Mercury agreement. Such a step, they reported "would interfere with the social and economic life of the community."<sup>105</sup>

It was apparent over the following week that the public was taking little notice of the doctors' (and the paper's) stand. The Kentish Council, spurred by a letter from the Railton Parents' Association - they were alarmed at two mainland children, post-isolation, attending the local school<sup>106</sup> - called for all mainland children to be quarantined and thus banned from attending school.<sup>107</sup> The Heads of private schools in Launceston, meeting before their City Council announced a tightening-up in the policing of visitors, asked for one or other form of quarantine to be imposed.<sup>108</sup> The Mercury could not accept

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<sup>105</sup>. Advocate, 1/9/37.

<sup>106</sup>. Mercury, 6/9/37.

<sup>107</sup>. Ibid.

<sup>108</sup>. Ibid.

such calls, and chose to make fun of them. Surely not "even the Master Warden" (a known advocate) "or his associates"

would suggest that children ranging in age between two and 16 should be put in cattle pens [at a] cattle quarantine station down the Tamar sneered the Editor.<sup>109</sup>

Though a number of groups, some named above, were critical of Public Health policy at this time, the paper's sneers were mainly directed at the body who made more clamour than all the others: the "Citizens' Health Protection Council". Not content with random expressions of fear or protest, the C.H.P.C. had formed for the specific purposes of rousing the public from apathy, and badgering the government to do more. Composed of about twenty members, the group came together after two hundred concerned northerners met in early September in the Public Library Hall, Launceston.<sup>110</sup> The convenor was John Hogan, director of the "Electoral Campaign to Abolish Poverty". His fundamental concern, expressed in a letter the preceeding week,<sup>111</sup> was that the government, pricked by public indignation, must abolish poverty and ill-health, the precursors to infantile paralysis. Speakers such as Master Warden of the Port, Mr. R. Robinson, were tired of the conflicting information given

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<sup>109</sup>. Mercury, 10/9/37.

<sup>110</sup>. Advocate, 7/9/37.

<sup>111</sup>. Mercury, 2/9/37.

out about the disease; others wanted the zinc sulphate nasal spray (being tested as a prophylactic) to be made available, and there were calls that the government was refusing to prohibit entry of children only because of fears for the tourist trade. Unless complete quarantine and immunization were tried, said Hogan, the authorities should be held personally responsible, tarred and feathered, and "kicked out". People cited cases of precautions being ignored, and Dr Craig tried to quell the meeting's temper by saying that the B.M.A. was most sympathetic, and was doing everything within its power.

A newspaper war of words broke out between the C.H.P.C. and the Premier. Mr. Ogilvie criticized Hogan as a newcomer who revealed "lamentable ignorance" in presuming to know more than the "highest medical authorities in three continents".<sup>112</sup> Hogan denied he had claimed expert knowledge, and reminded the Premier of democratic rights of expression. Ogilvie's reference to Hogan as a newcomer was a

typically irrelevant politician's  
quibble which emphasizes his  
anxiety to avoid public pressure.<sup>113</sup>

Those who left everything to their "leaders" may tardily regret it, warned Hogan.

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<sup>112</sup>. Mercury, 7/9/37.

<sup>113</sup>. Advocate, 8/9/37.



There was considerable support for the group. Ross Council,<sup>114</sup> the Launceston Trades Hall Council,<sup>115</sup> and four thousand signatories to a "citizens demand" for quarantine,<sup>116</sup> all demonstrated dissatisfaction with the government. The Mercury scorned the

petition or whatever the promoters  
like to call it... probably at least  
four out of five people will sign  
anything put before them, partly  
out of good nature, and partly to  
save argument.<sup>117</sup>

The "promoters" gained some national attention, too, even if it only resulted in a telegram from the Federal Minister for Health denying any responsibility for Tasmania's protection.<sup>118</sup>

Strong in the north, the C.H.P.C. had no success when it tried at one of its Launceston meetings to form branches in other parts of the state.<sup>119</sup> It appeared that potential seconders had knowledge of southern views and Hogan could only conclude that most people were satisfied with the government, unlike "those of us here who know the real position".<sup>120</sup> Perhaps Hobart had been

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<sup>114</sup>. Mercury, 13/9/37.

<sup>115</sup>. Mercury, 9/9/37.

<sup>116</sup>. Mercury, 13/9/37.

<sup>117</sup>. Mercury, 10/9/37.

<sup>118</sup>. Mercury, 9/9/37.

<sup>119</sup>. Mercury, 13/9/37, Advocate, 14/9/37.

<sup>120</sup>. Ibid.

put off by the Mercury's Editorial denouncing the "laymen" in Launceston who were stirring up "hysterical public opinion" and

pitting their ignorant opinions  
against the trained and  
informed intelligence of the  
whole of the medical profession,  
which, on the face of it, is  
ridiculous.<sup>121</sup>

The C.H.P.C., however, felt their efforts were well justified <sup>122</sup> when the Premier, via the B.M.A's letters of eighth of September, did respond with better information for the public. Their gratification was doubtless complete when they called for a fresh public meeting<sup>123</sup> just a week after the first few cases of disease appeared. At this meeting, the nine participants called for the closure of all northern Tasmanian schools (because in some families some children were attending school while others could not), for full and continuous publicity, for regulations regarding visitors to be enforced and extended, and for compensation to be paid those who would lose income due to restrictions. Then they went back to their starting-point with a call for the elimination of poverty,<sup>124</sup> and were never heard from again.

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<sup>121</sup>. Mercury, 7/9/37.

<sup>122</sup>. Mercury, 9/9/37.

<sup>123</sup>. Mercury, 13/11/37.

<sup>124</sup>. Mercury, 18/11/37.

While Premier and the Mercury ridiculed Hogan, and others such as Hobart and Launceston City Council's Medical Officers, told the public the C.H.P.C.'s fears were baseless<sup>125</sup>, there was indeed much cause for concern. Most worrying at the time was the question of *information*. There were three difficulties, the first being a perceived *lack* of information. Women's groups<sup>126</sup> and even the Mercury editor<sup>127</sup> pointed out that while people knew about the disease's symptoms, and what to do if they appeared, there was a dearth of information about such subjects as the disease's incubation period, about how the disease was carried and passed on, and about people's relative risks of infection. Secondly, some information was contradictory: Dr Carruthers stated the disease was passed from person to person *only*<sup>128</sup>; others said indirect contact was dangerous, as utensils and clothing used by the sick could carry infection<sup>129</sup> (this convinced some the mail was therefore unsafe<sup>130</sup>) yet the Minister, Dr. Gaha, told Parliament he had always believed the disease to be airborne, and admitted that, if it were, all the precautions taken were useless<sup>131</sup> - a

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<sup>125</sup>. Mercury, 7/9/37.

<sup>126</sup>. Mercury, 6/8/37.

<sup>127</sup>. Mercury, 5/8/37.

<sup>128</sup>. Mercury, 8/9/37.

<sup>129</sup>. Mercury, 6/8/37.

<sup>130</sup>. Ibid.

<sup>131</sup>. Mercury, 9/12/37.

conclusion reached three months before by Hogan.<sup>132</sup> It appears that the gaps in public information were not so much deliberate (as people seemed to fear) as due to gaps in doctors' knowledge, though no-one said this. Then too, while either a lack of information, or else information that was contradictory, were bad enough, people also feared *suppression* of information and opinion. It was known in Tasmania that the Victorian B.M.A. deplored "excessive publicity" given the disease there.<sup>133</sup> Perhaps the Mercury agreed with this view. After printing one letter from a worried parent in early August,<sup>134</sup> the Mercury printed nothing similar over the rest of the pre-epidemic period, though it is unlikely especially with the clamour in Launceston, they had no other correspondents.

A second cause for concern might have been the question of validity of medical certificates stating that Victorians were not in contact with the disease. While doctors might have signed these confidently in the early part of the outbreak, such certainty ceased once the epidemic had broken out of its original boundaries. Tasmanians could read in August that the Victorian B.M.A. had been advised against signing certificates for people wanting to go to NSW because doctors "[could] not possibly vouch for the accuracy of [what they were]

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<sup>132</sup>. Mercury, 9/9/37.

<sup>133</sup>. Advocate, 17/9/37.

<sup>134</sup>. Mercury, 5/8/37.

required to sign".<sup>135</sup> As Tasmanians were relying on the supposed fact that non-contacts could not enter this island, there must have been considerable trepidation for those who kept abreast of Victorian news. Little comfort would have been afforded them a fortnight later when Mr. Ogilvie assured the public that no contacts had arrived because no doctors would have given them a certificate.<sup>136</sup> Surely lay Tasmanians wondered why they should trust certificates deprecated by the Victorian B.M.A.

A third cause for concern was the violation of restrictions. Though some reports of violations were groundless,<sup>137</sup> others were not,<sup>138</sup> and the people were angry and fearful. Chinks in the armour were acknowledged. While some might have expected John Hogan to claim it was impossible for the authorities to carry out the regulations strictly, none other than Dr Pardey, veteran L.C.C. medical officer, and Advisory Committee member, was heard to concede that health authorities could not police every case.<sup>139</sup> No wonder there were calls for the quarantining of Victorian visitors.

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<sup>135</sup>. Mercury, 27/8/37.

<sup>136</sup>. Mercury, 8/9/37.

<sup>137</sup>. Mercury, 17/8/37.

<sup>138</sup>. Mercury, 13/8/37.

<sup>139</sup>. Mercury, 17/8/37.

Lastly, there was the question of readiness - especially in relation to the provision of respirators. All towns wanted their own - the Minister was "besieged by requests"<sup>140</sup> - because at least in those breathing-machines the people would have concrete evidence that help was available should the disease manifest itself in dangerous form. Authorities were maddeningly vague as to their plans. Dr John Fulton, Medical Superintendent of the Launceston Hospital, was reported as saying "special provisions" had been made in the north against an outbreak,<sup>141</sup> but such was hardly the stuff to allay the people's fears. As it happened, two days after the report of Dr Fulton appeared, two respirator units - one adult's, one child's - did indeed arrive in Launceston,<sup>142</sup> but there would be no more in the north until weeks after the epidemic actually arrived.

Hobart's situation looked even more precarious. Dr Carruthers was reported as saying the south would obtain a respirator *should it be considered necessary*.<sup>143</sup> Then Hobart was expected to gain a respirator "shortly" through the courtesy of the NSW government,<sup>144</sup> but in fact it had to be diverted to Launceston.<sup>145</sup> In some

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<sup>140</sup>. Mercury, 8/12/37.

<sup>141</sup>. Mercury, 8/9/37.

<sup>142</sup>. Mercury, 10/9/37.

<sup>143</sup>. Ibid.

<sup>144</sup>. Advocate, 18/11/37.

<sup>145</sup>. Mercury, 24/11/37.

panic, no doubt, Dr Atkins, Medical Officer of the Hobart City Council, arranged for a "temporary" respirator to be built locally, and the Minister was so delighted with it,<sup>146</sup> he showed his gratitude (and no doubt, relief) by making a gift to the builder, Chester Langworthy, of £10.<sup>147</sup>

The west, and north-west were still trying to obtain respirators for their main hospitals well into December,<sup>148</sup> by which time both regions had confirmed cases of infantile paralysis.<sup>149</sup> The Lyell District Hospital gained its first respirator on 12 December,<sup>150</sup> but this was the extent of Public Health's provision. Further machines would be jerry-built by Mt Lyell.<sup>151</sup> As for the north-west, the Minister told the people he would "see if a respirator could be made available",<sup>152</sup> but Leven Council, the following week, still demanded one for

<sup>146</sup>. Ibid.

<sup>147</sup>. Reported in conversation by Mr. Max Higgins, of New Town, 1992.

<sup>148</sup>. (Leven Council) Mercury, 13/12/37; (Lyell District Hospital) Queenstown Hospital Union, Annual Report, 31/12/37.

<sup>149</sup>. Mercury, 8/12, 9/12/37.

<sup>150</sup>. Mercury, 16/12/37.

<sup>151</sup>. Reported by Sr K. Harris of Queenstown Infectious Diseases Ward in 1937, in conversation, 1992.

<sup>152</sup>. Mercury, 9/12/37.

Devon Hospital,<sup>153</sup> and evidently none was ever obtained on the Coast. Very bad cases had to go to Launceston.

Having a respirator was little use unless someone could work it. Sr Grueber, assigned to the respirator ward in Launceston, recalls an evening visit by a tired and harrassed Dr Trevor James, Council Medical Officer, and Superintendent of the Lyell District Hospital. James had travelled all day from Queenstown, needing a lesson in the operation of respirators. Sr Grueber, skilled in mechanics since her father trained her and her sister on car engines, as children, was the one to help him.<sup>154</sup>

Lucky that she could, and lucky that some places had respirators in time. The public might not have known all the desperate details, but what they did know was certainly cause enough for public concern. And when the people read, only a few days before the epidemic began here, that the Victorian Consultative Council (Tasmanian Public Health's main source of information and advice) was sounding weary and near defeat,<sup>155</sup> many probably wondered whether they should have given more help to the local Citizens' Health Protection Council. Could we really stop "it" coming here, and if not, were we ready to handle it? people must have asked. The first question would be answered almost immediately, and the other, over the next twelve months.

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<sup>153</sup>. Mercury, 9/12/37.

<sup>154</sup>. Conversation with Sr. Grueber, New Town, 1992.

<sup>155</sup>. Mercury, 3/11/37.



EPIDEMIC

"Fortunately the form in which infantile paralysis has appeared in Tasmania is not so serious as on former occasions. It is most undesirable that there should be a scare in consequence of the visitation, but it is equally desirable that every care should be taken to prevent its spread."

(Advocate, Editorial, 16/11/37).

There were approximately 730 cases of infantile paralysis in Melbourne, and a toll of 14 deaths, when the first Tasmanian case, seven-year-old Dessie Corcoran of Inveresk<sup>1</sup> was hospitalized on 5th November, 1937.<sup>2</sup> A child from the same school, Invermay State, was a suspected case. There were four definite cases, and several more suspects, still from the same area, by the following Friday.<sup>3</sup> Cases were reported as mild, and improving. So far, people might have believed the disease was not serious, but on Saturday they learned that two children had developed "severe respiratory involvement" requiring respirator treatment, and that one of these, a girl of seven, had died. Further, there were now two suspicious cases (soon confirmed) from Campbell Town, fifteen miles away.<sup>4</sup> The disease clearly *was* serious, and had jumped the Inveresk boundary. Other parts of Launceston became infected, and nearby northern country districts such as Cressy. When a second child was dead, ten days after the outbreak<sup>5</sup>, infantile

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<sup>1</sup>. Miss Mack knows the names of all early cases, in order.

<sup>2</sup>. Public Health Department, Tasmania, Annual Report, 31/12/37, J.P.P.P., 1938.

<sup>3</sup>. Mercury, 12/11/37.

<sup>4</sup>. Mercury, 13/11/37.

<sup>5</sup>. Mercury, 15/11/37.

paralysis was the "topic of conversation everywhere".<sup>6</sup> Queenstown was definitely involved by November 19th, and there were three suspect cases in the Devon Hospital at Latrobe. Four days later, another four country districts were affected.<sup>7</sup>

Until now, all victims had been under twelve. Two-and-a-half weeks into the epidemic, however, older teenagers and adults became victims, the first three older patients dying very quickly.<sup>8</sup> There were now 58 northerners in hospital<sup>9</sup>, 163 by the end of December.<sup>10</sup> This last figure more than doubled by February<sup>11</sup>, and by mid-winter, over 500 people, most with confirmed infantile paralysis, passed through the Launceston Public Hospital.<sup>12</sup> Altogether 495 northern people would be officially listed as victims of the disease<sup>13</sup>, but the

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<sup>6</sup>. Unpublished diary of Launceston High School 'D' class student, John F. Shields, now of 20 Morley Rd., Riverside. Mr. Shields, long time clerk with the Tas. Gov't Railways, now lectures voluntarily at Adult Education's "School for Seniors", Launceston.

<sup>7</sup>. Examiner, 23/11/37.

<sup>8</sup>. Advocate, 27/11/37.

<sup>9</sup>. Ibid.

<sup>10</sup>. Public Health Department, Tasmania, Annual Report, loc. cit., 31/12/37.

<sup>11</sup>. Mercury, 11/2/38.

<sup>12</sup>. Mercury, 6/7/38.

<sup>13</sup>. Launceston Public Hospital, Annual Report, 30/6/41.

tally could well be doubled, and perhaps even trebled if everyone who sustained effects of the infantile paralysis had reported to authorities.<sup>14</sup>

The epidemic reached the south on the weekend of 11th-12th December,<sup>15</sup> the first patients being Shirley Genders from Sandy Bay, aged about twelve,<sup>16</sup> and perhaps David Parker, aged six, from Warwick St.<sup>17</sup> Other parts of Hobart (not specified in newspapers) became involved, and country areas, one by one, reported their toll - some of the first being Broadmarsh,<sup>18</sup> Tea-Tree,<sup>19</sup> and Bothwell and Bellerive<sup>20</sup>. The east coast was involved by Christmas,<sup>21</sup> and Glenorchy and Snug by early January.<sup>22</sup> As in the north, the numbers climbed steadily until 393 had passed through the Hobart Public Hospital<sup>23</sup> (which

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<sup>14</sup>. Reported by Dr L.N. Gollan of Launceston. 1992. Dr Gollan was a R.M.O. at Launceston Hospital during the epidemic, and 'discovered' numerous cases up to many years after, as a private practitioner in Launceston.

<sup>15</sup>. Mercury, 13/12/37.

<sup>16</sup>. Reported by Sr Grueber, 1992.

<sup>17</sup>. Reported by Parker, 1992.

<sup>18</sup>. Examiner, 27/12/37.

<sup>19</sup>. Examiner, 28/12/37.

<sup>20</sup>. Examiner, 29/12/37.

<sup>21</sup>. Examiner, 23/12/37.

<sup>22</sup>. Examiner, 5/1/38.

<sup>23</sup>. Hobart Public Hospital, Annual Report, 30/6/38.

included Vaucluse Hospital after December, 1937)<sup>24</sup> by the time the epidemic was over in the south in May, 1938. Over the six months of epidemic, there had been on average a daily in-patient tally of 202, and a out-patient tally of 135, for all institutions.<sup>25</sup> 1006 cases were notified to the Public Health Department, and 81 died - at least in the official figures for the epidemic.<sup>26</sup> Over the three years immediately following, another 22 patients were "lost" in the south,<sup>27</sup> and while the writer has not a complete set of post-epidemic figures for the north, it appears patients still died there too, in similar ratio.<sup>28</sup>

When Tasmania's epidemic is compared with others in the western world during the 1910's - 1930's, patterns here followed modern epidemiological trends, but to a greater extent than elsewhere. This fact was seen in areas such as size of epidemic, in age-, sex-, and family-incidence, and in the seriousness of cases.

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<sup>24</sup>. Ibid.

<sup>25</sup>. Public Health Department, Tasmania, Annual Report, 31/12/38, J.P.P.P., 1939. Presumably this included patients at Latrobe, St Mary's and Queenstown Hospitals.

<sup>26</sup>. Ibid.

<sup>27</sup>. T.S.C.C.C. Fourth and Fifth Annual Reports: 30/6/39 and 30/6/40, (Orthopaedic Sister's Reports); 30/6/41 (Almoner's Report).

<sup>28</sup>. Launceston Public Hospital, Annual Report, 30/6/41.

The epidemic in Tasmania was the largest in the world.<sup>29</sup> When Victoria was only half through its outbreak, that state, with 60 cases per 100,000 of the population, was said to have suffered the world's biggest epidemic.<sup>30</sup> Though Victoria's case-load would rise to 2500,<sup>31</sup> representing 135 per 100,000 (ratio 1:741), this tally fell far short of Tasmania's. With a population in 1938 of 283,990<sup>32</sup>, and a case-load of 1006, there were 354 cases here, per 100,000 (ratio 1:282). These, and the Victorian figures, can be contrasted with those of New Zealand, where the epidemic of 1936-37 (nearest to Australia's in space, and time) involved 52 cases per 100,000, representing a ratio of 1:1922 of population.<sup>33</sup>

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<sup>29</sup>. Minister for Health, Dr. Gaha, Mercury, 27/4/38.

<sup>30</sup>. "Medical News of the World - Australia - Tasmania", loc. cit.

<sup>31</sup>. Counting daily/weekly tallies in Mercury.

<sup>32</sup>. Statistical Survey of Tasmania (1937/38), Commonwealth Dept. of Census and Statistics.

<sup>33</sup>. New Zealand's population in 1936, as recorded in the New Zealand Year Book, of 1981, New Zealand Dept. of Statistics, Wellington, was 1,573,812.

Tasmania's death-rate, too, was highest in nearest and recent epidemics. New Zealand's rate was 4.8%,<sup>34</sup> Victoria's approximately 5%,<sup>35</sup> and Tasmania's 8.1%.

The age-incidence of infantile paralysis cases reflects, to a large extent, the infectivity of the Tasmanian outbreak.<sup>36</sup> Whereas the vast majority of cases pre-1910 occurred in the 0-5 age-group, trends since 1930 reflected a higher age-incidence,<sup>37</sup> showing that infants were no longer gaining early immunity, and became increasingly susceptible as they grew older. New Zealand represents the trend: whereas 55.3% of all cases in 1925 were in the 0-5 age-group, this percentage had dropped to 27.5% of 1936-37 cases.<sup>38</sup> Victoria's figure for the 0-5 age-group (first 200 cases only) was 31%,<sup>39</sup> and

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<sup>34</sup>. This represents the average of North Island's rate of 3%, and South Island's rate of 6.6%. Letter, Cumpston to Carruthers, 12/11/37.

<sup>35</sup>. Based on count of 99 dead, Mercury, 7/3/38, and reports in Advocate, 4/9/37 and 1/12/37.

<sup>36</sup>. F.M. Burnet, Medical Journal of Australia, Vol.1, No.10, 9/3/40.

<sup>37</sup>. Ibid.

<sup>38</sup>. Letter, Cumpston to Carruthers, 12/11/37.

<sup>39</sup>. Ibid. This figure might have altered by the end of the epidemic, but probably not by much - while age-incidence tends to rise during epidemics, this is less the case in cool climates (F.M. Burnet, loc.cit.).



Tasmania's, at 26.4%, was significantly lower.<sup>40</sup> While most epidemics now had "almost as many" cases in the 5-10 age group, as in the infants,<sup>41</sup> Tasmania had far more (378) in the older group, than it had in the under-five's (266).<sup>42</sup> The trend continued. Tasmania had many teenage cases<sup>43</sup> against Victoria's negligible figure, and more Tasmanian adults (10.3%) caught the disease,<sup>44</sup> than did Victorian (2.9%)<sup>45</sup>. If we take into account all over-fifteens with poliomyelitis<sup>46</sup> (often medically termed "adults") the Tasmanian adult figure rises nearly seven points to 17.1% - a very high proportion of cases. By contrast, if the few 15-21-year-old Victorian victims were counted as adults, there would be negligible difference<sup>47</sup> to the Victorian picture of adults comprising less than 3% of victims.

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<sup>40</sup>. Ascertained from figures in Public Health Dept., Tasmania, Annual Report, 31/12/38., J.P.P.P., 1939.

<sup>41</sup>. F.M. Burnet, loc.cit.

<sup>42</sup>. Public Health Dept., Tasmania, Annual Report, 31/12/38.

<sup>43</sup>. Public Health Dept., Annual Report, 31/12/38.

<sup>44</sup>. Ibid.

<sup>45</sup>. This figure is based on the first 1000 cases, Advocate, 1/12/37; see note 39.

<sup>46</sup>. Public Health Dept., Tasmania, Annual Report, 31/12/38.

<sup>47</sup>. Letter, Cumpston-Carruthers, 12/11/37.

Tasmania followed, but slightly surpassed the trend of having a disproportionate percentage of males over females, with the disease. The male figure for the world (and also for the State of Vermont which had a similar population and climate to Tasmania) was 56%.<sup>48</sup> In Tasmania, the figure was 57%.<sup>49</sup> As Tasmania's population at the time consisted of 51% males to 49% of females, there is a discrepancy of 5-6% to account for.<sup>50</sup> One can only speculate as to the reason so many more boys and men, especially in Tasmania, succumbed to the disease. Dr. Lewis' suggestion was that boys tend to mix more than girls, but as gregariousness can also increase herd immunity, the writer believes that better explanations lie in the future. As well as Tasmanian males being disproportionately susceptible to the disease, their death-rate was higher than that for women: of the 93 men with poliomyelitis, 22.6% died; of the 79 women, 19% died. The pattern was the same among children.<sup>51</sup>

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<sup>48</sup>. Dr. R.A. Lewis, unpublished monograph "Cases of Poliomyelitis - Northern Tasmania:", presented to meeting of Northern Branch of the BMA (Tasmania) at Launceston Public Hospital, 1938. Dr. Lewis was referring to the 1984 epidemic in Vermont, U.S.A.

<sup>49</sup>. Ibid.

<sup>50</sup>. Ibid.

<sup>51</sup>. Public Health Dept., Tasmania, Annual Report, 31/12/38.

It is impossible at this stage to be emphatic about family incidence-rates in Tasmania, but the writer feels the trend here adds to the picture of greater infectivity in Tasmania. Authorities claimed that by the time a case of the disease appeared in a family, other members all carried antibodies - multiple clinical cases were an "exception rather than the rule".<sup>52</sup> By contrast, a significant proportion of the respondents to the present Tasmanian study reported more than one immediate family member ill enough to be hospitalized. There were three cases in one family, four in another, and five in another.<sup>53</sup> There were many instances of two siblings being in hospital,<sup>54</sup> and sometimes a parent and child were ill together.<sup>55</sup>

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<sup>52</sup>. Dr H. Featonby, Medical Journal of Australia, Vol 11, No.11, September 11, 1937. This is still held to be the case, cf. Gamble, op.cit., loc.sit., p.408.

<sup>53</sup>. Respectively, as reported by selves in telephone conversations, 1992, Hilda Edwards', Judy Pedder's and Bill Sullivan's families.

<sup>54</sup>. Omant, Gibson, Hickman, O'Halloran, Donovan, Wilton families examples only. Reported in telephone conversations, Launceston and Hobart, 1992.

<sup>55</sup>. E.A.V. Smith and daughter; Dawn Williams' mother and brother (examples only). Taped interview and telephone conversation, Hobart, 1992.

As well as more people, on a per capita basis, catching the disease in Tasmania, there is evidence that cases were, on the whole, more serious here. When the epidemic was over, assessment of all cases revealed that 20% would have ongoing moderate or severe permanent crippling.<sup>56</sup> In the north, the assessment was 23.1%.<sup>57</sup> The latter figure approached an estimate of 25% of cases in the Victorian epidemic having residual paralysis,<sup>58</sup> but as that study was done only three months after outbreak, the figure would have been considerably lower at the end of the twelve-month epidemic, as the severity of infection waned tremendously after the early months.<sup>59</sup> This is not to play down the severity of the Victorian experience which included an "unusually high incidence of respiratory paralysis",<sup>60</sup> but it is important to point out that while Melbourne appeared to cope with 17

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<sup>56</sup>. Public Health Dept., Tas., Annual Report, Table G, 31/12/38, J.P.P.P., 1939.

<sup>57</sup>. Launceston Public Hospital, Annual Report, 30/6/41.

<sup>58</sup>. Advocate, 17/9/37.

<sup>59</sup>. Ibid.

<sup>60</sup>. J. Steigrad, op.cit., loc.sit.

respirators,<sup>61</sup> Tasmanians were probably using at least 24 at the height of this State's epidemic.<sup>62</sup> While a great

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<sup>61</sup>. Writer cannot be dogmatic about this. There were 4 at the Children's Hospital, and 13 at Fairfield in September 1937 (Advocate, 11/9/37), and 17 at Fairfield by January, 1938 ("Medical News of the World," loc cit.) As a medical report (Dr. L.A. Dey, Medical Journal of Australia, Vol. 1, No. 19, May 7, 1938) only mentions 16 respirators "heard at work" at Fairfield by May, and as no other respirators appear to be mentioned elsewhere, writer presumes the four at Children's Hospital were moved between September and the New Year, to Fairfield, for greater convenience, taking the total to 17. If the Childrens' Hospital's 4 were extras, Tasmania still had more than Victoria.

<sup>62</sup>. Hobart had 8 (Royal Hobart Hospital, Annual Report, 30/6/38). Launceston had 12, according to respirator nurse Sr Edwards and 20, according to former RMO, Dr. R.A. Lewis. As Sr. Grueber, second respirator nurse (after Sr. Edwards), believes there were "about 12", writer accepts lower figures for safety. Queenstown had one installed by the Public Health Dept., and up to four more donated by Mt. Lyell (Sr. K. Harris, nurse at Queenstown).

number of respirator cases here were saved,<sup>63</sup> many were too ill - the first nine such (all adults) perishing early in the Launceston outbreak.<sup>64</sup> Melbourne's respiratory cases had a better chance - only 6 of the first 19 respirator cases had died by August.<sup>65</sup> It has already been stated that Victoria's death-rate was 5% and that Tasmania's was 8.1%. In the north of the island, the actual rate was 9%,<sup>66</sup> and would have approximated 13%, had respirators been unavailable.<sup>67</sup> Clearly Tasmania had an extremely infectious epidemic, and one which caused unprecedented severity of cases. Other epidemiological features are harder to assess.

Firstly, there were *two* separate patterns of epidemic spread in Tasmania - one following the common scenario, and the other, the uncommon. An epidemic does not necessarily imply a large number of cases developing

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<sup>63</sup>. In the north, 20 cases, according to Dr. John Grove, (Mercury, 11/2/38), 31 cases, according to former RMO (Dr. R.A. Lewis (op.cit.) were saved only because of respirators.

<sup>64</sup>. Reported by Dr. L.N. Gollan, former R.M.O., Launceston, 1992.

<sup>65</sup>. Dr. Scholes of Fairfield, as reported in J. Steigrad, op.cit., loc.sit.

<sup>66</sup>. Launceston Public Hospital, Annual Report, 30/6/41.

<sup>67</sup>. Dr. R.A. Lewis, op.cit.

within close range of one another. In fact, in poliomyelitis, a *scattered* manifestation (no obvious connection between cases) is the usual epidemic situation.<sup>68</sup> This style prevailed in much of Tasmania, but especially the south, where it was given as the reason for the restrictions being more lenient than elsewhere.<sup>69</sup> Inveresk, on the other hand, suffered an uncommon pattern - an "explosive"<sup>70</sup> outbreak, where (as in the early Melbourne situation) an "unusual degree of traceability" existed between many cases in a confined area.<sup>71</sup>

Interesting sub-patterns emerged in the already mixed picture. Some communities, for no apparent reason, would be heavily infected - e.g. Kentish Municipality, with a population of 4500 had 39 cases,<sup>72</sup> yet Queenstown, with a similar population (4450) had 25 cases. Table Cape, with another 1200 people, had only 9 cases. Glamorgan and King Island shires, with populations which

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<sup>68</sup>. Dr H. Featonby, Medical Journal of Australia, Vol.11, No.11, Sept 11, 1937.

<sup>69</sup>. Mercury, 23/12, 24/12/37

<sup>70</sup>. Public Health Dept., Annual Report, 31/12/37, J.P.P.P., 1938.

<sup>71</sup>. Dr H. Featonby, loc.sit.

<sup>72</sup>. These, and the following statistics were compiled by combining Tables A in Statistics of Tasmania, for the years 1937 and 1938.

in other places produced from 1 to 15 cases, remained free of the disease. In the Crabtree-Grove area, at least 5 cases developed in a line "as though a wind had gone through",<sup>73</sup> yet some cases developed in apparently complete isolation.<sup>74</sup> Dr Carruthers, who plotted occurrences on a chart with coloured pins, like a war minister, could find no explanation which satisfied him.<sup>75</sup>

There was most probably a disproportionate manifestation of disease in the Tasmanian countryside - the opposite case to that which prevailed nearly thirty years before in the Spanish Influenza epidemic where virulence lessened with population density.<sup>76</sup> As the urban/rural components of municipal population figures are rarely specified, it is impossible to make a precise estimate of the proportion of urban and rural victims of infantile paralysis. The cities of Hobart and Launceston (with suburbs) claimed 162 and 200 victims respectively,

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<sup>73</sup>. Reported by Lawrence Lovell, formerly of Crabtree, telephone conversation, Hobart, 1992.

<sup>74</sup>. Doug Free, as reported by self (taped interview), was the only victim on the Tasman Peninsula (verified Public Health Dept., Tasmania, Annual Reports, 1937, 1938).

<sup>75</sup>. Reported by Sr. Grueber, 1992.

<sup>76</sup>. C.S. Carnes, *The Spanish Influenza Pandemic in Tasmania, 1919*", unpublished Honours Thesis, University of Tasmania, 1977, p.9.



and the remaining 644 came from other "urban districts" (presumably Burnie and Devonport - not heavily infected) or from "country divisions"<sup>77</sup> which, by implication, must have been the more important. Anecdotal evidence frequently reports "the bulk" of patients as coming from the country and the occasional statistic supports this, e.g., of 182 patients in Launceston Hospital in March 1938, 57 were from town and 125 from the country.<sup>78</sup> While such figures cannot be taken as *prima facie* evidence because some country patients undoubtedly remained in hospital longer than city-folk with similar disabilities (who could more easily attend as out-patients) the case is clearly boosted by such reports as Dr Fulton's: of 37 cases admitted to the Launceston Hospital between March 21-24, 5 were from Launceston, and 32 from the country.<sup>79</sup> While the exact proportion of town to country patients may never be precisely established, the very large representation from the country had enormous social implications for patients and families, as the next chapter will briefly describe.

Tasmania's poliomyelitis patients came from all walks of life, though the great majority were poor.<sup>80</sup> When the disease first appeared in the slum suburb of

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<sup>77</sup>. Statistics of Tasmania, 1937, 1938 (combined Tables as in note 72.)

<sup>78</sup>. Mercury, 26/3/38.

<sup>79</sup>. Ibid.

<sup>80</sup>. Mercury, 15/4/38, 21/5/38.

Inveresk, and at least one early and well-known victim was a lad of poor physique and health, some people - possibly many, including the eugenicists as well as the thoughtlessly prejudiced - were hardly surprised.<sup>81</sup> It was a common, but by now (in the West) mistaken, belief that poliomyelitis was a disease of the overcrowded, dirty, and underfed. To the informed, Melbourne's epidemic typified much of the modern scenario: her first crops of cases occurred not in undesirable areas, but in "garden" or "residential suburbs",<sup>82</sup> and the disease there bore

no relation [to] poverty,  
overcrowding, or the  
nutritional state of the  
victim.<sup>83</sup>

In the writer's opinion, it was merely coincidental that Inveresk gained the notoriety of an eruption of disease. It is possible that there were earlier cases, and nowhere near Inveresk. A nursing-sister, called urgently to attend a young father near Burnie in October 1937,<sup>84</sup> believes she saw an early case of poliomyelitis -

<sup>81</sup>. J.F. Shields, unpublished diary, entries: 8/11/37  
24/11/37.

<sup>82</sup>. Mercury, 23/7/37.

<sup>83</sup>. Dr Featonby, Medical Journal of Australia, Vol.11,  
No.11, Sept. 11, 1937.

<sup>84</sup>. Sr Edwards, reported in taped interview, Launceston,  
1992.

the patient had all the symptoms of respiratory poliomyelitis, and required a tracheostomy. Had a respirator been available (and had someone thought of using it) the patient might have been saved. Several people in Hobart who later became familiar with the disease, believe early cases in the south were also incorrectly diagnosed.<sup>85</sup> While it is true Inveresk was a poor suburb, the disease quickly spread beyond its boundaries, and engulfed most of the state over the next six months. Victims of the disease were usually poor only because most Tasmanians, six or seven years after the Great Depression, were still poor.<sup>86</sup> The wealthy were affected too - cases came from Launceston's expensive boarding schools,<sup>87</sup> from at least one prominent Hobart College,<sup>88</sup> and from well-to-do single-child families.<sup>89</sup> Further, infantile paralysis was far from

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<sup>85</sup>. Mr. Booth, telephone conversation, Hobart, 1992.

<sup>86</sup>. Mercury, 18/5/38, 3/6/38, 20/7/38.

<sup>87</sup>. Sr. Edwards of Launceston reports she nursed many well-cared-for, and well-nourished children, who were boarders at Scotch, M.L.C., and Broadland (taped interview, 1992). Harry Trethewie (self-reported by telephone, Launceston, 1992), attended Grammar.

<sup>88</sup>. Professor Triebel's daughter, Hilda, was a collegiate girl (reported in a telephone conversation by Jean Panton, 1992).

<sup>89</sup>. Reported by Miss D. Pearce, Sandy Bay, interview, 1992.

being in a disease of the physically weak. Fit and active people were known to be susceptible in Victoria,<sup>90</sup> and a great number of Tasmanians fitted this pattern, children, teenagers and adults alike. Billy Crawn, eleven, of Burnie, was playing cowboys and Indians on Saturday afternoon, and was buried on Tuesday;<sup>91</sup> David Scott, 18, of Launceston, a vigorous swimmer, tried to shake off "a cold" by indulging in his favourite pastime, at Corra Lynn, and became totally paralysed;<sup>92</sup> Ernie Smith, 23 was mining coal at Recherche Bay when he became ill, suffering serious, permanent damage.<sup>93</sup> Epidemiological tendencies in poliomyelitis were, to say the least, exaggerated in Tasmania.

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<sup>90</sup>. Dr. Jean Macnamara, Medical Journal of Australia, Vol.11, No.11, Sept. 11, 1937. A little girl of six, thinking she was better when the early fever subsided, rode her scooter six miles, and died two days later. Tasmanians were constantly warned against exercising during or after illness.

<sup>91</sup>. Reported by Rex Lee, Burnie schoolmate, by telephone, 1992.

<sup>92</sup>. Reported by friend Anne Terry, of New Norfolk, by telephone, 1992.

<sup>93</sup>. Reported by Mr. Smith, taped interview, Tranmere, 1992.

## RESPONSE

The recovery of the children to normal health would be a living monument to the work of the many volunteers who had sacrificed so much time and labour in the interests of the children.

- Mayor Wyett of Launceston,  
and President of the S.C.C.C.,  
Mercury, 14/3/38.

Tasmanians at the time were far less interested in theories about the epidemic, than about containing the disease, and giving victims the best possible treatment. Public response to the outbreak was swift and for the most part, sustained. Principal actors were the Public Health Department and hospitals, the Tasmanian Society for the Care of Crippled Children and its northern counterpart, the Education Department, and the lay public. Many bodies such as the police, city health departments and municipal Councils played vital, but smaller, roles. In charge of epidemic control was Dr Carruthers.

As soon as the first case was diagnosed, the Department's professional consultants, the Infantile Paralysis Advisory Committee met in Launceston on Sunday, November 7 with the Director of Public Health, who had travelled north for the purpose<sup>1</sup>. Section 14 of the Public Health Act was invoked<sup>2</sup> to immediately declare an area of Inveresk - that bounded by Invermay Rd., Gleadow, Goderich and Lindsay Streets - an infected area. All contacts of the one known and of the one suspected case were required to undergo 21 days of isolation within their homes, as were class contacts of siblings of the affected children.<sup>3</sup> All other people under seventeen living therein, were confined to the prescribed area,

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<sup>1</sup>. Mercury, 13/11/37.

<sup>2</sup>. Public Health Department, Annual Report, 31/12/37.

<sup>3</sup>. Mercury, 8/11/37.

with attendance at parties, theatres, swimming-baths, Sunday schools - in fact, *all* gatherings - forbidden. No-one under seventeen from outside the area was to visit the infected sector unless with the permission of the local health officer - probably Dr. Pardey as he was in charge of the isolated area.<sup>4</sup> Several schools - Invermay State, St. Finn Barr's and Campbell Town - were closed quickly,<sup>5</sup> and thereafter, wherever a fresh outbreak occurred, the local school would close, and restrictions be applied such as those in Inveresk, with the following addition: all children permitted by a doctor to leave their area must carry a letter from their parents stating that when they reached their destination they would remain in isolation for 21 days, and would report every third day to the health officer of the district.<sup>6</sup> People were warned against taking their children from infected localities, and would be prosecuted for so doing.<sup>7</sup> By

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<sup>4</sup>. Mercury, 8/11/37.

<sup>5</sup>. Mercury, 13/11/37.

<sup>6</sup>. Ibid.

<sup>7</sup>. Mercury, 12/11/37. It appears the government was bluffing. The Director of Public Health referred to the Crown Law Dept. for advice on a west coast case, and was told no action could be taken (Mercury, 22/1/38). There had been a prosecution in Melbourne, however (Mercury, 2/10/37).



the time all northern-schools closed on November 19,<sup>8</sup> there was very little freedom of movement left in northern Tasmania - where children were confined, so too were much of the adult population.

Mr J Riley, Chief Health Inspector, was put in charge of policing the restrictions.<sup>9</sup> Such operations took a great deal of time and manpower,<sup>10</sup> and from November to the following April, virtually all work of a routine kind was suspended,<sup>11</sup> as all seven Public Health Inspectors were allotted epidemic duties<sup>12</sup> (ten extras being taken on when the south was involved.)<sup>13</sup> All contacts in isolation, all public and private schools, all places of public entertainment, were visited at least once daily to enforce observation of regulations.<sup>14</sup> All

<sup>8</sup>. Margaret Todd, "Three Epidemics: 1903-1938", Launceston Historical Society, Papers and Proceedings, Vol.4, 1992, p.34.

9. Mercury, 10/11/37.

<sup>10</sup>. This said, any officer who "may be spared" might attend the Cricket match against England on January 15 and 16 (memo for Director of Public Health, from Chief Secretary's Dept., Hobart, dated 7/1/37 - Tasmanian Archives, Public Health Dept. files, box HSD 18).

<sup>11</sup>. Appendix iii, Director of Public Health, Annual Report, 31/12/38.

<sup>12</sup>. Mercury, 15/11/37.

<sup>13</sup>. Mercury, 23/1/38.

<sup>14</sup>. Advocate, 26/11/37.

bridges in and near Launceston, and road and rail outlets from the city were manned day and night by police, health officials, or "special constables" (returned soldiers, or teachers whose schools were closed).<sup>15</sup> Trains, cars - even boots - were checked to ensure any child passengers had the required medical certificate, and undocumented families were turned back even if out for a Sunday drive.<sup>16</sup> People were urged not to allow their children to catch trams and buses unless absolutely necessary,<sup>17</sup> and people under seventeen would not be transported by the Launceston City Council to or from Invermay without certificates.<sup>18</sup> Country buses were checked as outer areas became affected.<sup>19</sup> Employees between the ages of fourteen and seventeen living in, but working outside, an infected area, could continue to work unless a direct contact of disease, but had to carry permits. Employers must furnish lists of workers' names and addresses for purposes of verification.<sup>20</sup> Some let-up was allowed Inveresk residents after late November, when children were allowed to cross the North Esk River to enjoy a little sunshine and fresh air in Ogilvie Park, between

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<sup>15</sup>. Soldiers - Todd, op.cit., teachers - Mercury, 23/11/37.

<sup>16</sup>. Mercury, 15/11/37.

<sup>17</sup>. Advocate, 15/11/37.

<sup>18</sup>. Mercury, 26/11/37.

<sup>19</sup>. Ibid.

<sup>20</sup>. Advocate, 15/11/37.

the hours of 10.30 am and 12 noon, and 2.30 and 4 pm.<sup>21</sup> Permission for same was granted because Rev. Dobbinson, of the Cimitiere St. Baptist Church<sup>22</sup> undertook to supervise the children, ensuring no group games were played.

As more and more areas were placed under restrictions, municipal health officers found their work greatly increased. As well as being in charge of monitoring local families in isolation (the sick, and contacts of the sick) they were required to supervise fumigation of infected homes,<sup>23</sup> and sometimes the conveyance of children to hospital.<sup>24</sup> As informants have reported that the notices were of many different styles and colours, presumably it was the local councils who were also in charge of erecting disease-notices on houses. Any visitors to the area had to be investigated and also followed up for twenty-one days.<sup>25</sup> Restrictions beginning with those in Inveresk, were gradually eased as the infection in each area passed its peak, and people were considered to have developed a certain amount of

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<sup>21</sup>. Mercury, 20/11/37.

<sup>22</sup>. M. Todd, op.cit., p.34.

<sup>23</sup>. Both points reported by numerous respondents, 1992.

<sup>24</sup>. As reported by Mrs Warren, daughter of Beaconsfield Council Health Inspector, Mr Hickman, 1992..

<sup>25</sup>. Advocate, 16/11/37.

immunity.<sup>26</sup> Most non-contacts were again free by Christmas time.<sup>27</sup>

Restrictions in the south were never as stringent as they were in the north - a situation that often invited criticism. The variation existed because the number of early cases in the south "did not average above one per day", and came from widely-dispersed areas.<sup>28</sup> Particular parts of Hobart, and small country localities were not isolated from one another as in the north. Southern restrictions were 21-day isolation of home, school and other immediate contacts, and no child under 17 was to visit places of public entertainment. Fumigation of infected homes were carried out in the south, but schools closed much later in the year<sup>29</sup> - in the case of high-schools, after exams were finished.<sup>30</sup>

The response of the state's public hospital system, to the outbreak, was not as rapid as that of the Public Health Department. After admittance of the first case to the Children's Hospital in Launceston,<sup>31</sup> all subsequent and suspect cases were taken directly to the Infectious Diseases Hospital in Howick St., where there were no

<sup>26</sup>. Mercury, 30/11/37.

<sup>27</sup>. Mercury, 23/12/37.

<sup>28</sup>. Ibid.

<sup>29</sup>. This would begin "next week" (Mercury, 9/12/37).

<sup>30</sup>. Mercury, 23/12/37.

<sup>31</sup>. Public Health Dept., Tasmania, Annual Report, 31/12/37.

special staff engaged, two weeks into the epidemic.<sup>32</sup> This situation altered after the Public Health Department despatched its two Kenny sisters north - Barnet first,<sup>33</sup> and then Grueber, ten days later.<sup>34</sup> Fear of infection delayed the hiring of sufficient trained staff, the hospital in desperation seeking private nurses, at private rates of pay, from Mrs Stewart's nurses' club.<sup>35</sup>

Numbers were gradually augmented as about twenty semi-trained aides ("blue girls") were taken on,<sup>36</sup> and volunteers actually performed much of the routine work of bathing and feeding patients, but not until they were out of the infectious stage. When the epidemic reached the

<sup>32</sup>. Letter from L.O. Corby, Accountant, Hobart General Hospital, to Director of Public Health, Hobart, 20/11/37 (Tasmanian Archives, Public Health Dept. Files HSD 11/5).

<sup>33</sup>. Mercury, 17/11/37.

<sup>34</sup>. Advocate, 26/11/37.

<sup>35</sup>. As reported by a nurse who does not wish to be named. Club nurses, not normally hired by hospitals, did not expect to be paid at private (i.e. at least twice the hospital) rates of pay. As they were, it was good for nurses, but costly for hospitals.

<sup>36</sup>. As reported by several "blue girls", in conversation, Hobart and Launceston, 1990. Twenty were still on staff two years later (Launceston Public Hospital, Annual Report, 30/6/40).

south, the Kenny sisters were diverted, one at a time, to Vaucluse Infectious Diseases Hospital, either to lead the nursing complement (Barnet) or to take charge of muscle re-education (Grueber).<sup>37</sup> A nursing shortage in Hobart was also plugged with the engagement of twenty aides, an arrangement which, according to the Board, worked "most satisfactorily".<sup>38</sup>

It was not long before the shortage of therapists became critical. Each main hospital had only one masseuse,<sup>39</sup> and in all Hobart there were only three—all elderly.<sup>40</sup> Australia-wide demand for therapists was great as two more states - South Australia and New South Wales - had epidemics (relatively minor) on their hands by the New Year.<sup>41</sup> The shortage, still felt in Launceston in February,<sup>42</sup> was gradually met as "Chief Masseuse", Miss Mack, was joined by a staff of seven.<sup>43</sup>

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<sup>37</sup>. As reported by Sr Grueber, 1992.

<sup>38</sup>. Hobart General Hospital, Annual Report, 30/6/38.

Trained nurses did not necessarily find it so. Aides "tied you in and out" (Mrs Wilson, former sister, (taped interview, Taroona, 1992).

<sup>39</sup>. Letter, L.O. Corby, Accountant, Hobart General Hospital, to Director Public Health, Hobart, 20/11/37.

<sup>40</sup>. As reported in conversation by Miss T. Secretan, Taroona, 1992.

<sup>41</sup>. Mercury, 12/1/38; 2/2/38.

<sup>42</sup>. Dr Grove, Mercury, 11/2/38.

<sup>43</sup>. Launceston General Hospital, Annual Report, 30/6/41.

Hobart's need was finally met by April,<sup>44</sup> after national advertisements had netted eight full-timers and two part-timers,<sup>45</sup> one of whom was a Mr Rennie, skilled at massaging cricketers.<sup>46</sup> Accommodation problems required creative solutions. Only so many patients could be sent home, to re-attend as outpatients,<sup>47</sup> but the Infectious Diseases Hospitals had to keep beds free for acute cases. In Launceston, after-care patients were sent to the Childrens' Hospital, the new North Wing, and even to the Home for underprivileged children run by the Ministering Childrens' League, at St Leonards.<sup>48</sup> After a month, when every verandah was filled, the State government voted L4,500 for after-care, to which sum the Commonwealth, ever mindful of the importance of prompt and adequate treatments in cases of paralysis, voted an additional L4000 for after-care at Launceston, provided Tasmania confer with Dr Cumpston, Federal Director of Health, to ensure the money was spent "along correct lines".<sup>50</sup>

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<sup>44</sup>. Letter, Director of Public Health, re (or to) Mr Harwood, 26/4/38 (Tasmanian Archives, Public Health Dept. Files, HSD 11/5).

<sup>45</sup>. Hobart General Hospital, Annual Report, 30/6/38.

<sup>46</sup>. Miss T. Secretan.

<sup>47</sup>. Mercury, 14/1/38.

<sup>48</sup>. Patient records (Patricia Wiley, nee Emery);  
Mercury, 11/2/38.

<sup>49</sup>. Mercury, 8/12/37, figure soon increased to L6000,  
Mercury, 16/12/37.

<sup>50</sup>. Mercury, 16/12/37.

Cumpston, a noted progressive,<sup>51</sup> was required, as Chairman of the Nuffield Trust in Australia, to promote the latest ideas in treating recumbent patients, and his influence was plain to see in the substantial extension to Launceston's I.D. Hospital.<sup>52</sup> Large, sunny wards and verandahs were built around a modern central treatment department complete with hydrotherapy pools (for both in- and out-patients) and an attractive garden was created to raise the spirits of patients, who could be pushed in their beds along coloured concrete paths.<sup>53</sup> Launcestonians, alive to the contrast the "Convalescent Pavilion" presented to "the old I.D." were tremendously proud of their accomplishment - two shifts of workmen, many of them voluntary, had laboured daily till dusk, even on Sundays, to complete the facility in thirty-five days.<sup>54</sup> It was ready just in time<sup>55</sup> - very soon, fifty-three children were "continuously in residence".<sup>56</sup>

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<sup>51</sup>. M. Roe, Nine Australian Progressives: Vitalism in Bourgeois Social Thought 1890-1960, University of Queensland Press, St Lucia, 1984.

<sup>52</sup>. Mercury, 3/5/38; 6/7/38.

<sup>53</sup>. Mercury, 14/3/38.

<sup>54</sup>. Mercury, 18/1/38. Some reports said thirty days (Mercury 19/1/38).

<sup>55</sup>. Mercury, 14/3/38.

<sup>56</sup>. Launceston Public Hospital, Annual Report, 30/6/38. Plans in early December had envisaged thirty-six beds (Mercury, 8/12/37).



Hobart's accommodation needs were less quickly and neatly met. Early discharges from Vaucluse Hospital were sent to the Children's Hospital,<sup>57</sup> or to an after-care ward or the General Hospital.<sup>58</sup> Though beds themselves were available - those bought for the new hospital being pressed into early service<sup>59</sup> - space to put them was not. Government plans to build a new after-care facility<sup>60</sup> were overtaken by necessity, and about sixty patients,<sup>61</sup> were housed in part of the old womens' division<sup>62</sup> at St John's Park, and another dozen or so children were cared for at the Victoria Convalescent Home at Lindisfarne.<sup>63</sup>

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<sup>57</sup>. As reported by Mrs Tevelein (nee Phyllis Broomby) ex-trainee, telephone conversation, 1992.

<sup>58</sup>. Mercury, 29/1/38.

<sup>59</sup>. Hobart General Hospital, Annual Report, 30/6/38.

<sup>60</sup>. Mercury, 3/2/38.

<sup>61</sup>. Mercury, 3/5/38.

<sup>62</sup>. As reported by Mrs Port, former St John's Park sister, telephone conversation 1992.

<sup>63</sup>. Orthopaedic Sister's Report, T.S.C.C.C., Annual Report, 30/6/39. The Victoria Home was used between Aug. 1938 (op.cit.) and about April, 1940 (T.S.C.C.C., Annual Report, 30/6/40).

While the dispersal of wards was highly inconvenient to administrators,<sup>64</sup> patients - at least at St John's Park - enjoyed facilities as modern as could be devised in the circumstances. The old wards were brightly painted in blue and cream,<sup>65</sup> and the walls adorned with murals.<sup>66</sup> An up-to-date treatment block to be used by in- and out-patients, was built by the government,<sup>67</sup> and fully equipped by Apex.<sup>68</sup>

While the hospitals responded to the crisis as best they could, the T.S.C.C.C. was implementing a two-year-old programme, which suddenly became more urgent. A temporary halt was called to the statewide survey of old cripples, so that resources could be concentrated on the new.<sup>69</sup> To ensure Tasmania-wide coverage, an autonomous branch of the T.S.C.C.C., to be known as the Society for the Care of Crippled Children (S.C.C.C.) was formed in the north, in mid-December.<sup>70</sup> The northern group's aims matched its parent's - that is, to collect names of all

<sup>64</sup>. T.S.C.C.C., Annual Report, 30/6/39.

<sup>65</sup>. Mercury, 17/3/38.

<sup>66</sup>. As reported by telephone, 1992, by Gloria Corcoran, the young teacher chosen by Josephine Bjelke-Petersen to help paint boards with scenes of "The Lolly House in the Woods", before children arrived.

<sup>67</sup>. Mercury, 17/3/38.

<sup>68</sup>. As reported by Mrs Port, telephone conversation, 1992.

<sup>69</sup>. T.S.C.C.C., Third Annual Report, 30/6/38.

<sup>70</sup>. Mercury, 14/12/37.

cripples, and supplement any provision of government in the fields of education, vocational training and employment. Transport would be arranged to and from out-patient treatment (and schools, while necessary), and a full splint-making and repair service would be available either free, or at nominal cost, to patients. Dr. Ramsay, Launceston Hospital Board Chairman, urged women to form an auxiliary, as they had done in Hobart, since he estimated 300 patients would require help after the epidemic.<sup>71</sup>

In the north the S.C.C.C. was able to work productively with two employees of the Hospital,<sup>72</sup> Miss Margaret Mack, Chief Masseuse in charge of the modern treatment facilities at the Convalescent Pavilion, and Miss Mack's sister, Miss Josephine Mack who, as Hospital Welfare Worker, was encouraged for the first two years, to assist the S.C.C.C. in whatever way she could.<sup>73</sup> In the south, the situation was less felicitous: with the despatch of the Kenny sisters north, and then to Vaucluse, the Kenny Clinic, formerly an excellent means of advancing the work of the T.S.C.C.C. was now closed,

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<sup>71</sup>. Mercury, 9/12/37.

<sup>72</sup>. As reported by Miss M Mack, in telephone conversations, 1992.

<sup>73</sup>. During 1940 the S.C.C.C. obtained its own "officer" (Launceston General Hospital, Annual Report, 30/6/40).

never to re-open<sup>74</sup>; the Hobart Hospital, without an almoner since 1935,<sup>75</sup> was unable to furnish welfare support. Ever ready to supply a need if government could not, or would not,<sup>76</sup> the T.S.C.C.C. now fulfilled two of its priorities.

The first need was to find and engage an expert in muscle re-education, to take over from Sr. Grueber, temporarily in charge. Recognizing the impossibility of the Hospital's old massage department (with its one elderly masseuse) coping with the sudden needs of over 200 patients,<sup>77</sup> the Society sought in vain Australia-wide for a trained orthopaedic sister to develop a therapy department, and later operate the out-patients' service. Finally, the T.S.C.C.C.'s Dr Parker telephoned his sister-in-law in England, Miss T.G. (Jill) Secretan,

<sup>74</sup>. It is possible part of the chapel which had housed the Kenny Clinic became the Almoner's temporary office, and the remainder, the Out-Patient Dept. to serve Hobart and the southern suburbs. (Letter, undated, but likely Feb. 1938, from Surgeon-Superintendent to unnamed addressee, Archives Office of Tas., Public Health Dept. Files, box HSD 11/5).

<sup>75</sup>. As reported by Miss Dorothy Pearce, former Almoner to the Royal Hobart Hospital, in conversation, Sandy Bay, 1992.

<sup>76</sup>. Report, Educational and Vocational Sub-Committee, T.S.C.C.C., Fifth Annual Report, 30/6/40.

<sup>77</sup>. Mercury, 3/5/38.

inviting her to take up the position in Hobart.<sup>78</sup> Trained at Lord Nuffield's Wingfield Morris Orthopaedic Hospital, and used to working for a Crippled Children's Society,<sup>79</sup> Miss Secretan was given her fare out, a car, and a salary by the T.S.C.C.C.,<sup>80</sup> and began work in April, 1938,<sup>81</sup> under the authority of the Hospital.<sup>82</sup> With the assistance of new massage staff, some only partly trained,<sup>83</sup> and a band of semi-trained aides,<sup>84</sup> Miss Secretan divided her time between four Hobart venues - Vaucluse, Hobart Hospital, St John's Park Hospital, and the Victoria Convalescent Home - as well as attending to non- and pre-epidemic cripples at three country centres at Bruny Island, Tasman Peninsula, and Queenstown.<sup>85</sup> At the end of her first year, Miss Secretan was still in charge of 122 in-patients, and many out-patients.<sup>86</sup>

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<sup>78</sup>. As reported by Miss Secretan, taped interview, Taroona, 1992. At another time she thought it might have been Dr. Shugg who made the actual call.

<sup>79</sup>. T.S.C.C.C., Third and Fifth Annual Reports, 30/6/38, 30/6/40.

<sup>80</sup>. Mercury, 3/5/38.

<sup>81</sup>. Mercury, 6/4/38.

<sup>82</sup>. Mercury, 16/8/38.

<sup>83</sup>. Hobart General Hospital, Annual Report, 30/6/38.

<sup>84</sup>. As reported by Miss Secretan, 1992.

<sup>85</sup>. Orthopaedic Sister's Report, T.S.C.C.C., Fourth Annual Report, 30/6/39.

<sup>86</sup>. Ibid.

The second need - that for a qualified Almoner - was met when Miss Gwen Waters of South Australia was engaged in May, 1938,<sup>87</sup> and began work from an office in the Hospital.<sup>88</sup> Given a car, as was Miss Secretan, to enhance her efficiency, Miss Waters' salary was supplied by the Society, initially through a gift of the Grant family.<sup>89</sup> Her role was multifaceted - to keep records, to visit homes to assess the needs of out-patients both for medical and schooling purposes, to secure the co-operation of all parties in the patient's management, as well as co-ordinating the various activities of the Society which included vocational training of older cripples, the management of the splint shop, and later overseeing transport.<sup>90</sup> Miss Waters, who often interviewed parents in country homes or centres, while Miss Secretan, after consulting the doctor, assessed patients' physical needs,<sup>91</sup> brought to her role an

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<sup>87</sup>. T.S.C.C.C., Third Annual Report, 30/6/38.

<sup>88</sup>. T.S.C.C.C., Fourth Annual Report, 30/6/39. The Almoner's first office was makeshift, but one had been specially set aside for her use in the new hospital (see note 74, same reference).

<sup>89</sup>. Mercury, 3/5/38.

<sup>90</sup>. Mercury, 25/5/38; 18/8/38. Almoner's Report, T.S.C.C.C., Fifth Annual Report, 30/6/40.

<sup>91</sup>. Orthopaedic Sister's Report, T.S.C.C.C., Fourth Annual Report, 30/6/39.

enlightened appreciation of the psychological and emotional needs of patients, seeing them perhaps more than any other professional in Tasmania at the time, as "whole persons".<sup>92</sup> This progressive attitude would blend very well, as we shall soon see, with that other great respondent to the epidemic, the Tasmanian Education Department.

The third major response of the Society to the epidemic - and one which had more public impact than the engagement of expert staff, was the provision of two after-care homes - St Giles in the north, and Wingfield House in the south. The Homes were to be places where patients, no longer ill enough for hospital, might continue to receive medical supervision in as happy, and home-like an atmosphere as possible. A joint appeal launched by the two Societies in February<sup>93</sup> raised over £12,000 in the north,<sup>94</sup> which funds helped purchase and remodel the Waterworth family property in Amy Rd.<sup>95</sup> Sixteen children moved there in late 1938,<sup>96</sup> and two more

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<sup>92</sup>. Almoner's Report, T.S.C.C.C., Sixth Annual Report, 30/6/41.

<sup>93</sup>. Mercury, 18/2/38.

<sup>94</sup>. Mercury, 24/6/38.

<sup>95</sup>. T.D. Room, R.A. Horne, History of St Giles, 1937-1987.

<sup>96</sup>. Launceston General Hospital, Annual Report, 30/6/39.

by the time of opening.<sup>97</sup> In keeping with the Society's progressive policy of affording patients the best possible treatment, St. Giles functioned from the beginning with the services of a full-time masseuse.<sup>98</sup>

The southern after-care Home was less directly a response to the present epidemic, as it had been mooted at least as early as 1936,<sup>99</sup> but, with accommodation still short in the south, despite the use of St John's Park Hospital,<sup>100</sup> negotiations with the government continued until it was finally agreed the T.S.C.C.C. could use its portion of the Nuffield Gift to take over a building currently being erected at St John's Park for the aged infirm.<sup>101</sup> Altered to incorporate modern ideas on open-air treatment, the Home boasted large open-air wards, solaria, and "all the latest applicances" for

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<sup>97</sup>. Letter (apparently from Launceston General Hospital Board) to Dr Carruthers, 24/5/46 (Tasmanian Archives, Public Health Dept. Files, HSD 11/6).

<sup>98</sup>. Launceston General Hospital, Annual Report, 30/6/39.

<sup>99</sup>. T.S.C.C.C. Report, First Annual Meeting, 15/2/37.

<sup>100</sup>. Minutes, Board of Management meeting, Hobart General Hospital, 26/4/38. (Tasmanian Archives, Public Health Dept. Files, HSD 11/5).

<sup>101</sup>. Report, C.F. Culley, Chairman of Parliamentary Standing Committee on Public Works, 21/12/38 (Appendix 111, Public Health Department, Annual Report, 31/12/38).



muscle re-education.<sup>102</sup> "Wingfield House" (named after Lord Nuffield's Hospital at Nottingham)<sup>103</sup> was occupied by about 60 youngsters in June 1940,<sup>104</sup> and then handed

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<sup>102</sup>. Almoner's Report, T.S.C.C.C., Fourth Annual Report, 30/6/39. There were now two medical gymnasia at St. John's Park - that in the 'treatment block' opened in March, 1938, which was mainly used by out-patients, and another in "Wingfield". Both were equipped by Apex.

<sup>103</sup>. Orthopaedic Sister's Report, T.S.C.C.C.'s Fifth Annual Report, 30/6/40. The origin of the name has been disputed by some who believe the after-care Home must have been named after Dr A.W. Shugg's South Hobart home, also called "Wingfield" (original name "Boville" according to Prof. Michael Roe). Family members believe the latter was known as "Wingfield" before purchase by Dr Shugg which, if true, is itself an irony as Dr Shugg would be a founding father of the T.S.C.C.C. It is highly likely the Orthopaedic Sister, who had trained at the English hospital of the same name, would have correctly understood the naming of St John's Park's "Wingfield".

<sup>104</sup>. T.S.C.C.C.'s Fifth and Sixth Annual Reports, 30/6/40, 30/6/41, W.G. Rimmer, op.cit., p.303, mistakenly, it appears, has the building occupied in 1939. War shortages prevented this.

over, fully equipped by the Society, to the Board of the Royal Hobart Hospital, for maintenance.<sup>105</sup> Medical, social and educational needs of the children continued to be supervised by the T.S.C.C.C.'s Orthopaedic Sister, and the Almoner, under the ultimate authority of the R.H.H.'s Surgeon Superintendent.<sup>106</sup>

The Education Department, which had begun its working relationship with the T.S.C.C.C. in mid-1937,<sup>107</sup> responded to the huge needs created by the epidemic by having its Director appointed to the governing body of the T.S.C.C.C.,<sup>108</sup> from which position the progressive G.V. Brooks obtained a unique understanding of the best way to implement educational objectives for child victims of the epidemic. The present in-patient hospital schools had to be greatly expanded and, as well, there was the need for on-site education for those children who returned daily or several times weekly for out-patient treatment. The schools, which were placed under the statewide supervision of the Department's Miss Amy Rowntree,<sup>109</sup> had a difficult mandate: to be flexible enough to accommodate pupils' daily therapy sessions, and

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<sup>105</sup>. T.S.C.C.C., Sixth Annual Report, 30/6/41.

<sup>106</sup>. Statement, unsigned and undated; but apparently written by the Almoner, 1939 or 1940 (Society's archive).

<sup>107</sup>. Mercury, 29/6/37.

<sup>108</sup>. T.S.C.C.C., Third Annual Report, 30/6/38.

<sup>109</sup>. Mercury, 14/2/38.

yet be of such a pedagogic standard that no child's education should suffer as a result of his physical affliction.<sup>110</sup> Many believed this balance was achieved.<sup>111</sup>

In the north, there were ultimately two hospital schools - the Launceston Public Hospital's combined in- and out-patient school,<sup>112</sup> and the school which transferred later to St. Giles.<sup>113</sup> Miss Ann Broinowski was put in charge of eleven,<sup>114</sup> and then of fifteen teachers,<sup>115</sup> specially selected for temperament, to instruct 110-164 pupils<sup>116</sup> ranging in age from two- fourteen years, widely scattered over three parts of the hospital,<sup>117</sup> and frequently gravely handicapped. In the south, first Miss M. Cummins,<sup>118</sup> and then Miss Kathleen

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<sup>110</sup>. Mercury, 7/3/38.

<sup>111</sup>. G.V. Brooks, Mercury, 4/5/38, T.S.C.C.C.'s Fifth and Sixth Annual Reports, 30/6/40, 30/6/41.

<sup>112</sup>. Mercury, 6/7/38.

<sup>113</sup>. St Giles Society, Fiftieth Annual Report, 1938-1988.

<sup>114</sup>. Mercury, 7/8/38.

<sup>115</sup>. Mercury, 6/7/38.

<sup>116</sup>. Mercury 7/3/38, 6/7/38. Perhaps with the expansion of teaching, some borderline out-patients might have been readmitted.

<sup>117</sup>. Mercury, 7/3/38.

<sup>118</sup>. Mercury, 3/5/38.

Wood,<sup>119</sup> was put in charge of ten,<sup>120</sup> then twelve, teachers - also specially selected <sup>121</sup> to care for 150 children<sup>122</sup> of all ages and degrees of handicap. Pupils were scattered over seven hospital wards,<sup>123</sup> and four separate sites<sup>124</sup>: there were in-patients' schools at Hobart Hospital, St John's Park, and Victoria Convalescent Home, and out-patients could attend the specially-remodelled "St John's Park Outpatient School" which opened for business near Creek Road, in June 1938.<sup>125</sup> Children were taught normal subjects, as well as a great deal of handiwork<sup>126</sup> which was beneficial both therapeutically and psychologically - the proceeds of sold articles were banked in children's own accounts, giving many their first taste of independence.<sup>127</sup> In the same way as their medical treatment was supposed to be

<sup>119</sup>. T.S.C.C.C., Fourth Annual Report, 30/6/39.

<sup>120</sup>. Mercury, 7/5/38.

<sup>121</sup>. Ibid.

<sup>122</sup>. Report, Educational and Vocational Sub-Committee, T.S.C.C.C., Third Annual Report, 30/6/38.

<sup>123</sup>. Mercury, 3/5/38.

<sup>124</sup>. Report, Educational and Vocational Sub-Committee, T.S.C.C.C., Fourth Annual Report, 30/6/39.

<sup>125</sup>. Mercury, 2/6/38.

<sup>126</sup>. Mercury, 7/3/38.

<sup>127</sup>. Report, Educational and Vocational Sub-Committee, T.S.C.C.C., Fourth Annual Report, 30/6/39.

the best available anywhere,<sup>128</sup> the children enjoyed the very latest in educational resources, attesting to the influence of Brooks whose early professional life had been under the tutelage of the South Australian New Educator, W.L. Neale.<sup>129</sup> Head teachers travelled to the mainland to select first-rate materials of every kind,<sup>130</sup> and saw that the children's surroundings afforded every stimulation. At St John's Park Out-Patient School, eg., the walls and ceilings were painted primrose, tables and chairs apple-green, cupboards, teacher's tables and blackboard trimmings tangerine, and the doors dark green. With large windows and a ramp outside, every opportunity was taken for nature study, in keeping with the best vitalist principles. All facets of the educational enterprise was supported by the Crippled Children's Societies. In the south, the Almoner supplied the names

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<sup>128</sup>. Launceston General Hospital, Annual Report, 30/6/41, quoting report from C.H. Hembrow, "a leading Melbourne Orthopaedic Specialist", who had visited the L.G.H. to assess after-care patients, and their treatment.

<sup>129</sup>. G. Rodwell, "W.L. Neale, Director of Education: The Influence of Ideas on the Development of the Tasmanian State Education System, 1904-1909"; unpublished Honours Thesis, University of Tasmania, Nov. 1980.

<sup>130</sup>. Mercury, 2/6/38. This, and the following educational facts derive from this source.

of all hospital discharges to the Education Department,<sup>131</sup> and both Societies gave enormous material support to the schools, as well as transporting children to and fro daily until the Department assumed this responsibility.<sup>132</sup>

The Education Department and the other above-named groups, the Societies for the Care of Crippled Children, and the Public Health Department and hospitals, in co-operation with one another, managed the crisis admirably. All received the praise of the people,<sup>133</sup> of distinguished visitors to the State,<sup>134</sup> and of Interstate authorities.<sup>135</sup> High praise also went to another body, larger, more diffuse, but one without which the government acknowledged it could not have coped<sup>136</sup> - the public of Tasmania. For Mr. Ogilvie

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<sup>131</sup>. Mercury, 16/2/38.

<sup>132</sup>. Transport Committee Report, T.S.C.C.C., 6th Annual Report, 30/6/41.

<sup>133</sup>. Advocate, 23/11/37; Mercury, 14/3/37, 5/7/37.

<sup>134</sup>. Mrs Watts of the N.S.W. Society for the Care of Crippled Children, Mercury, 18/3/38.

<sup>135</sup>. Via Dr Gaha, Mercury, 9/12/37; via Mr Ogilvie as Minister for Education, Mercury, 17/6/38; via Melbourne Orthopaedic Specialist, C.H. Hembrow, Launceston Public Hospital, Annual Report, 30/6/41.

<sup>136</sup>. Mr Ogilvie, Mercury, 25/6/38.

One of the most interesting features connected with this outbreak [was] the generous and wholehearted support given to the care and attention of these convalescing children by the whole community.<sup>137</sup>

Early in the crisis, and under the leadership of the T.S.C.C.C., the public had assumed partial responsibility for the management of the epidemic.<sup>138</sup> This is perhaps surprising given the antagonism expressed before the epidemic by the C.H.P.C., but several points might explain it. Firstly, the community's attention had been focussed in a positive way on the needs of the handicapped before the epidemic with the completely uncontroversial, well-publicized and successful operation of the Kenny Clinic. Secondly, Tasmanians appreciated the efforts made by their government to stave off, and then contain, the outbreak,<sup>139</sup> and appeared determined to better the example of other affected communities which had, albeit with more controversy, rallied behind *their* leaders. Thirdly, with the 'thirties the great age of the Child Health movement,<sup>140</sup> community feelings of responsibility for the young were further heightened.

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<sup>137</sup>. Minister for Education, Annual Report for the year 1937, J.P.P.P., Hobart, 1938.

<sup>138</sup>. Ibid.

<sup>139</sup>. Notes 1 and 6.

<sup>140</sup>. Jillian C. Waters, "To Help the Mothers and Save the Babies: An Episode in Tasmania's Population Debate", unpublished Honours Thesis, Univ. of Tasmania, 1983.

Whatever the reasons, Tasmanians searched the papers for ways to help<sup>141</sup> and chose tasks in any of four categories: giving, collecting, making, doing. It seemed everyone was working "for the crippled children", just as they might later "for the war effort".

*Givers* could give money, or in kind. The Governor's Appeal launched jointly by northern and southern Crippled Children's Societies,<sup>142</sup> aimed to raise L10,000 in six weeks for the care and training of Cripples. Moving sluggishly at first, especially in the north,<sup>143</sup> the Appeal was boosted when north-south rivalry was aroused after totals for each end of the State were published separately. A veritable war of generosity broke out with first one, then another, appeal closing-date ignored.<sup>144</sup> Once the north passed the south, closing dates vanished in the flurry,<sup>145</sup> and money was still being collected in August, when the tally was L23,453 - still more than half coming from north of Antill Ponds.<sup>146</sup> Those who gave in kind donated to the "Fruit and Comforts Committees"<sup>147</sup>

<sup>141</sup>. Mercury, 1/2/38, 18/2/38, 19/2/38, 24/2/38.

<sup>142</sup>. Mercury, 18/2/38.

<sup>143</sup>. Dr Fulton, Mercury, 4/3/38.

<sup>144</sup>. Mercury, 26/3/38, 6/4/38.

<sup>145</sup>. Mercury, 3/5/38.

<sup>146</sup>. Mercury, 11/8/38; 5/8/38.

<sup>147</sup>. South - Mercury 12/1/38; 3/5/38; North - Examiner, 26/1/38.



sent cases of oranges,<sup>148</sup> some plums from the orchard,<sup>149</sup> or a parcel of gifts at Easter.<sup>150</sup> Schoolchildren sent books and games.

The *collectors* is a term for those who, in many and varied ways, made it easier for others to give. The Press and broadcasting stations led the way with free advertisements which raised "the practical sympathy of others".<sup>151</sup> Little groups in the country, bigger ones in towns, held parties, dances, Bridge evenings, American teas, flower shows, bicycle races, and "Apple-Case Cups"<sup>152</sup> - any type of function to raise a few pounds for the cause. Some people, like Deloraine Amusements Pty Ltd, took up collections at their business-places;<sup>153</sup> others like the Continental Hotel, lent their premises and staff for fundraising,<sup>154</sup> and "a leading business-house" donated the services of a Mr Maxwell for full-time canvassing in the countryside.<sup>155</sup> Smaller collectors, like the residents of Tarraleah,<sup>156</sup> or the 7LA Juveniles

<sup>148</sup>. New Norfolk C.W.A., Mercury, 14/5/38.

<sup>149</sup>. Mrs H. Lockett of Conara, Examiner, 7/1/38.

<sup>150</sup>. Tattersalls Hotel, Mercury, 19/4/38.

<sup>151</sup>. Mercury, 3/5/38.

<sup>152</sup>. This latter event was described by Mr Arthur Voss of "Tascare", telephone conversation, 1992.

<sup>153</sup>. Mercury, 23/2/38.

<sup>154</sup>. Mercury, 11/3/38.

<sup>155</sup>. Mercury, 3/2/38.

<sup>156</sup>. Mercury, 13/7/38.

Club,<sup>157</sup> raided their neighbourhoods for comics and other treats, and delivered them to hospitals.

The *makers* were all those men, women and children who turned concern for others into practical articles needed by patients. EZ engineers fashioned hundreds of steel splints,<sup>158</sup> and frames in all sizes,<sup>159</sup> and EZ carpenters made trays,<sup>160</sup> splints, and adjustable shades to protect children from sunburn<sup>161</sup> - all work done in the men's spare time.<sup>162</sup> "Many" individuals made "splints, book-rests", and other articles necessary for these children.<sup>163</sup> Women's groups from town and country met regularly often into the evening,<sup>164</sup> to make thousands of night-dresses, blankets, flannel bedjackets, feeders, and knitted splint-covers<sup>165</sup> to warm exposed hands and feet.<sup>166</sup> They also cut out garments and left them with extra material and patterns, for busier women to collect and make up while their children slept.<sup>167</sup>

<sup>157</sup>. Mercury, 11/2/38.

<sup>158</sup>. Mercury, 4/3/38.

<sup>159</sup>. Reported in conversation by Miss Secretan, 1992.

<sup>160</sup>. Mercury, 23/2/38.

<sup>161</sup>. Mercury, 18/3/38.

<sup>162</sup>. Mercury, 4/3/38.

<sup>163</sup>. Mercury, 7/5/38.

<sup>164</sup>. Mercury, 3/5/38.

<sup>165</sup>. Mercury, 30/6/38.

<sup>166</sup>. Examiner, 15/1/38.

<sup>167</sup>. "Hestia", Mercury, 3/5/38.

Children were encouraged to help their less fortunate fellows by making trolley fittings at Hobart High,<sup>168</sup> stretchers for the Out-Patient School at the Youth Employment School,<sup>169</sup> and mirrors for bed-ridden patients at Hagley State School.<sup>170</sup>

The *doers* were those who enjoyed face-to-face contact with patients. They were like Rev. Dobbinson who went daily<sup>171</sup> or weekly,<sup>172</sup> to read to the children, play with them, or help them with lessons. Some, as members of TOC H<sup>173</sup>, church groups,<sup>174</sup> St John's Ambulance Association,<sup>175</sup> or as individuals,<sup>176</sup> formed rosters to attend several times a week (weekends included) to feed, bath, and perform routine tasks for patients. Drivers spent many hours ferrying children to and from out-patients treatment and schools,<sup>177</sup> and those with less time

<sup>168</sup>. Mercury, 11/4/38.

<sup>169</sup>. T.S.C.C.C. Third Annual Report.

<sup>170</sup>. Mercury, 6/7/38.

<sup>171</sup>. Mercury, 14/2/38.

<sup>172</sup>. Mercury, 23/2/38.

<sup>173</sup>. Old Toc H. Roster (Launceston Public Hospital) lent by Mr Sydney Willett of Devonport, 1992.

<sup>174</sup>. As mentioned on above roster.

<sup>175</sup>. North - Mercury, 28/2/38; South - Mercury, 16/7/38.

<sup>176</sup>. Reported by numerous ex-patients, and by former teacher, Kathleen Jones (nee Reid) of Hamilton, letter, 1992.

<sup>177</sup>. T.S.C.C.C. Fourth Annual Report.

available took children on drives in the country, or to Sunday School.<sup>178</sup> Non-drivers, such as off-duty nurses, gave children an airing by pushing them on long prams into the town, or about the streets.<sup>179</sup> Many doers enjoyed entertaining the children: Apex regularly booked Thursdays at St John's Park for a "film night". There were lollies and plenty of fun as a comedy film always followed the educational.<sup>180</sup>

The response from the Tasmanian community is inadequately described in these pages. Help came from people only indirectly affected, like the King Islanders who suffered no cases themselves yet held a dance and raised £26.<sup>181</sup> The desire to assist survived bursts of enthusiasm to become, in many cases, an on-going commitment. The men who built the Convalescent Pavilion made weekly donations for fruit,<sup>182</sup> New Norfolk C.W.A. sent a case of oranges every month,<sup>183</sup> and the Working Men's Club had sent a case of fruit "ever since the epidemic".<sup>184</sup> The outbreak of war, and new calls to

<sup>178</sup>. St Giles Society, Fourteenth Annual Report.

<sup>179</sup>. As reported by former patient, Hilda Edwards, telephone conversation, Hobart, 1992.

<sup>180</sup>. T.S.C.C.C., Fourth and Fifth Annual Reports; Cliff Millhouse, former patient, telephone conversation, 1992.

<sup>181</sup>. Mercury, 21/5/38.

<sup>182</sup>. Examiner, 15/1/38.

<sup>183</sup>. Mercury, 14/5/38.

<sup>184</sup>. T.S.C.C.C., Sixth Annual Report, 30/6/41.

service, hardly affected the level of support for victims of the epidemic.<sup>185</sup> The thousands of clothes made, baths and feeds given, miles driven, and hours passed in helping and amusing patients added up to a "monument" to unselfishness, which would have a long-term effect on Tasmania. In the short term, hospitals only coped because of voluntary labour.<sup>186</sup>

This said, it would be misleading to suggest that all was harmonious in the Tasmanian populace. There was too much suffering for that. Complaints covered four broad issues: personal safety, application of restrictions, availability of information, money. The first-named was a continuing problem from the pre-epidemic period when people were terrified at reports of uncertificated Victorians residing nearby - openly or secretly. Particularly in the early part of the Tasmanian epidemic, fear was expressed on many occasions when a person from an infected area, even with permission, visited parts yet free of disease.<sup>187</sup> Circular Head, worried enough over the individual visitor,<sup>188</sup> and still case-free in January, was incensed that a rail trip from infected Devonport had not been cancelled by authorities. They telegraphed Dr Carruthers: "Where is the consistency...?"<sup>189</sup> Some

<sup>185</sup>. T.S.C.C.C., Fifth Annual Report, 30/6/41.

<sup>186</sup>. Mercury, 5/7/38; Sydney Willett, Mrs Jones.

<sup>187</sup>. Advocate, 16/11/37 (Burnie).

<sup>188</sup>. Mercury, 13/11/37.

<sup>189</sup>. Mercury, 13/1/38.

Councils, gingerly lifting restrictions within their own Ward, were anxious that outsiders not misinterpret this, and resume visits.<sup>190</sup> The prosecution of a girl who broke regulations by returning to her closed school to collect books,<sup>191</sup> doubtless soothed some, but was probably seen by others as pettiness on the part of authorities when worse was happening. Oatlands school children were kept home from school but roamed "in shoals at fairs and about the streets".<sup>192</sup>

For many people, problems about restrictions, especially inconsistency, were less a safety issue than one of justice. Invermay residents, already angry at being cooped up for eighteen days, protested at having to pay doctors 10/6 to find out whether they had polio-myelitis. (They could have had free treatment, but would only have known this if they read the paper).<sup>193</sup> Devonport churchgoers were outraged that while children remained free to attend school all week, they were forbidden one weekly hour of Sunday School. Representatives wrote to, and telegraphed, the Public Health Department<sup>194</sup>. Other people wondered why New Norfolk had postponed its regatta when indoor

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<sup>190</sup>. Mercury, 21/12/37, (Beaconsfield).

<sup>191</sup>. Mercury, 3/12/38.

<sup>192</sup>. Ibid.

<sup>193</sup>. Mercury, 26/11/37.

<sup>194</sup>. Mercury, 4/12. Restrictions on church attendance were lifted immediately, Examiner, 4/12/37.

entertainment, surely less healthy, suffered no ban.<sup>195</sup> Some municipalities resented early lifting of restrictions: Deloraine believed such matters should be decided locally,<sup>196</sup> and Huon Council blamed premature easing of bans on Hobart desires for a successful centenary Regatta.<sup>197</sup> Political interference was not only suspected in the Huon, but also in the general picture of north-south regulation variations. Northerners resented their closer confinement and greater need for work and travel permits, causing the Premier to reiterate that variations only occurred because of the different nature of the outbreak in Hobart, that there was absolutely no political interference, that all decisions, were based solely on the advice of the medical advisory committees.<sup>198</sup> Huon was supposed to be mollified with the same assurances in February.<sup>199</sup>

Some people believed that inadequate explanations regarding differential restrictions were part of a wider problem of interference in freedom of information. Deloraine Council believed people were unaware of the extent of infantile paralysis, even within their own community, and asked whether any facts, such as the number of deaths, were being suppressed. They reported that Tasmanians received more details about the Victorian

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<sup>195</sup>. Letter from "Full Stop", Mercury, 21/12/37.

<sup>196</sup>. Mercury, 12/4/38.

<sup>197</sup>. Mercury, 16/2/38.

<sup>198</sup>. Mercury, 23/12/37, 24/12/37.

<sup>199</sup>. Mercury, 17/2/38.

epidemic than about their own.<sup>200</sup> Launcestonians noticed a new vagueness in newspaper reports after early December - no longer could readers know the streets and suburbs where cases originated<sup>201</sup> and though they asked, were not told whether cases were adults or children.<sup>202</sup> Complaints were sent to the Director of Public Health,<sup>203</sup> yet, when the south became involved, there were fewer details still.

Conflict arose over costs. One arena was municipalities where the epidemic brought to the surface old debates about liability for costs in infectious disease cases.<sup>204</sup> The protagonists were local Councils, Hospital and Medical Unions, and the Public Health Department. Though Councils had always been responsible for payment of the first twenty-eight days, they had tended not to pay where patients were subscribers to a Hospital or Medical Union.<sup>205</sup> In regions where so many of the sick were subscribers, and so entitled to free treatment, the local hospital had no way of recouping

<sup>200</sup>. Mercury, 15/3/38.

<sup>201</sup>. Unpublished diary of J.F. Shields, referring, on 9/12/37, to the period since 4/12/37.

<sup>202</sup>. Ibid., 14/12/37.

<sup>203</sup>. Ibid., 15/12/37.

<sup>204</sup>. Zeehan District Hospital, 45th Annual Report and Financial Statement, 30/6/36.

<sup>205</sup>. Mercury, 5/4/38.



unprecedented costs.<sup>206</sup> When the Queenstown Medical Union took the bold step of presenting a very large bill to the Council,<sup>207</sup> old passions were roused. Most thought the Council had entered into agreement with the hospital board to pay an annual levy of L52 to cover all infectious cases<sup>208</sup> - a cheap way out of difficulty this year - but the Medical Union pointed out that Dr Carruthers had ruled this illegal.<sup>209</sup> Councillors who favoured a levy, felt let down by government.<sup>210</sup> Others, like Mr Reece, preferred to pay daily fees for patients, knowing that, while liability was great this year, there would hardly be an epidemic next year. Someone, Reece bridled, would "get bitten, and it is not going to be the Council".<sup>211</sup>

Smaller people lost money. Businessmen were angry when (sometimes false) reports of nearby illness kept custom away,<sup>212</sup> or when they learned compensation was denied for loss due to the restrictions.<sup>213</sup> Contacts of

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<sup>206</sup>. Zeehan District Hospital, 45th Annual Report and Financial Statement, 30/6/36.

<sup>207</sup>. Mercury, 14/3/38.

<sup>208</sup>. Mercury, 14/3/38, 2/4/38.

<sup>209</sup>. Mercury, 14/3/38.

<sup>210</sup>. Mercury, 25/6/38.

<sup>211</sup>. Mercury, 14/4/38.

<sup>212</sup>. Letter from E.J. Williams, Port Sorell, Examiner, 7/1/38.

<sup>213</sup>. Mercury, 16/10/37, 24/11/37.

the ill, denied access to work, were furious that they went hungry, while others had permission to work.<sup>214</sup> Patients<sup>215</sup> (and supporters in Woodbridge A.L.P.)<sup>216</sup> were upset at being charged for their children's transport to hospital for treatment, and aids, and railed against the hospitals, the government, and the Crippled Children's Societies whom they accused of misleading the people as to the purposes of the Public Appeal.<sup>217</sup> Some did mislead - a man in Geeveston caused concern posing as a fundraiser.<sup>218</sup>

Some complaints were trivial on the larger stage, but when voiced publicly expressed something of the weariness of the times. Travellers from the country, wishing to enquire about their children, had been kept waiting at the hospital door before the epidemic,<sup>219</sup> but it seemed crueller now.<sup>220</sup> There would be many private cruelties and griefs, endured silently. Some of them will be a subject of the next chapter.

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<sup>214</sup>. Mercury, 7/1/38.

<sup>215</sup>. Mercury, 23/4/38, 3/8/38.

<sup>216</sup>. Mercury, 13/8/38.

<sup>217</sup>. Mercury, 3/8/38.

<sup>218</sup>. Mercury, 31/3/38.

<sup>219</sup>. Letter from "Another Weary Enquirer", Examiner, 18/1/38.

<sup>220</sup>. Letter from "Weary Enquirer", Examiner, 14/1/38.

## EXPERIENCE

They develop a strangely staid demeanour for their age, particularly the ones going on to extensive paralysis. They talk in monosyllables, if at all. They appear to realize that they might have a fight ahead of them, and are conserving all energy in preparation for this.

Mostyn T. Powell,

"Poliomyelitis", in

Medical Journal of Australia,

Vol.11, No.11, Sept. 11, 1937.

Lists of statistics and a broad picture of public response to a tragedy afford scant idea of how the epidemic was experienced by individuals. Personal themes of hard work, pain, fear, loss, family dislocation, and even joy, were as relevant to many groups in the society of the time as was the more public evidence of crisis.

Hard work, on a scale not experienced before or since, was a hallmark of the period.<sup>1</sup> While the people engaged in voluntary work usually worked in concert, and were aware of what others were doing, society at large might have little understanding of what *paid* workers - doctors, nurses, therapists, teachers - were accomplishing every day. The normal workload of resident medical officers (R.M.O.'s) at Launceston Public Hospital, was very heavy by today's standards<sup>2</sup> - four R.M.O.'s and one Superintendent cared for 250 in-patients, as well as for the out-patient department.<sup>3</sup> During the epidemic, the average in-patient number was 360, and there was a large out-patient department. There

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<sup>1</sup>. Miss Secretan.

<sup>2</sup>. Today there are 28 resident doctors to approximately 360 patients (telephone conversation with Nursing Supervisor, November, 1992).

<sup>3</sup>. Dr Gollan.

was *no increase* in medical staff.<sup>4</sup> One doctor (Gollan) expresses the situation modestly: "we worked *very hard*," but another is less reserved: "we worked like *blazes* - on duty virtually twenty-four hours".<sup>5</sup> Let us obtain some idea of what this meant.

Days began for the doctor in charge of the Infectious Diseases Hospitals with a call to Dr. Carruthers to report new cases,<sup>6</sup> and continued until late at night while the respirator ward was busy. Work in this ward was especially strenuous for four main reasons. Firstly, for about a month, there were insufficient respirators,<sup>7</sup> and current respirator patients were closely watched so that the least desperate might be

<sup>4</sup>. Letter, John Fulton, Medical Superintendent to the Chairman, Visiting and Finance Committee, Launceston Public Hospital, 7/2/38. Archives Office of Tasmania, Public Health Dept. files, box HSD 11/5.

<sup>5</sup>. Dr Lewis. R.A. Lewis was the R.M.O. in charge of the I.H.D. from October-December, 1937 (R.M.O.'s had three-monthly rotation of duty). In January 1938, he was made Senior Resident, and in 1939 was Deputy-Superintendent.

<sup>6</sup>. Sr. Grueber.

<sup>7</sup>. Dr. Reg Lewis said that for about a month there were twenty respirators when forty were needed (it is possible that this number of respirators is exaggerated - see "Epidemic", note 62).

"rested off" - that is, temporarily taken out of machines to give the very ill a chance.<sup>8</sup> Secondly, all the early adult patients died (bulbar paralysis) and, while this eased the shortage of machines,<sup>9</sup> the spate of sudden deaths was upsetting for medical staff. Thirdly, constant interruption to medical rounds occurred because a doctor was called to stand by with positive-pressure respiration whenever a patient was removed from a machine for nursing attendance.<sup>10</sup> Fourthly, with respirators themselves a new phenomenon in Tasmania, untried skills were often demanded. The world's first obstetric delivery of a mother in a respirator<sup>11</sup> was carried out in Launceston by Dr. John Fulton, Medical Superintendent, assisted by Dr. Reg Lewis manually administering air and anaesthetic.<sup>12</sup> There were many other duties. When twenty infantile paralysis cases also caught diphtheria,<sup>13</sup> the doctors' work intensified. Lunchtimes in the north were spent answering parents' queries, each doctor needing to remember details of 50-60 patients per

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<sup>8</sup>. "Resting off" was a term used by several people, including Dr. Gollan.

<sup>9</sup>. Drs. Gollan and Lewis.

<sup>10</sup>. Sr. Grueber.

<sup>11</sup>. Examiner, 8/2/72.

<sup>12</sup>. Dr. Lewis. The child was named John Lewis (Williams) after the two doctors.

<sup>13</sup>. R.A. Lewis, unpublished monograph, 1938.

session.<sup>14</sup> Evenings might be spent speaking at fund-raising meetings often in country centres,<sup>15</sup> and doctors would return for a broken night, with 2-3 call-outs the norm, but 8 were possible.<sup>16</sup> Holidays,<sup>17</sup> even weddings,<sup>18</sup> were postponed, and eventually the pressure took its toll. Dr Lewis, hurrying across to the I.D. one night, slid to the bottom of a frosty path, and broke a leg. He slept for the next month or so in the I.D.<sup>19</sup> which was hardly easier as the noise of the respirators was "frightful".<sup>20</sup> While this same doctor managed the strain by occasionally throwing himself down on a patch of lawn for twenty minutes,<sup>21</sup> another was invalided for ten days with exhaustion.<sup>22</sup> Dr. Fulton caught the disease he was treating. In the event of a doctor's

<sup>14</sup>. Dr. Lewis.

<sup>15</sup>. Mercury, 8/3/38.

<sup>16</sup>. Dr. Lewis.

<sup>17</sup>. Dr. Lewis had no holidays in 1937 - took them in August, 1938.

<sup>18</sup>. Dr. Chalmers, as reported by Mrs Tevelein, 1992.

<sup>19</sup>. Dr. Lewis.

<sup>20</sup>. Dr. Gollan (and numerous others). The noise carried at night to The Sandhill, 1½ kilometres away (Dr. Gollan).

<sup>21</sup>. Sr. Grueber, reporting of Dr. Lewis who, she says, was "superb".

<sup>22</sup>. Sr. Grueber reporting of Dr. Redmond, RMO, Vaucluse.



illness, another took on extra patients.<sup>23</sup> Despite extreme demands, doctors still managed to lighten the load of others. Dr. Redmond of Vaucluse, however often called out at night, in his pyjamas, to attend a new patient with breathing trouble, was always pleasant and friendly to anxious parents. At the door of the hospital, he turned children upside-down to clear the throat, and sent the parents home reassured.<sup>24</sup> Dr. Carruthers enjoyed firing medical questions at the Kenny Sister, and never forgot to inquire later whether she had found the answer.<sup>25</sup> Sometimes recognition of service could be given. For Dr. John Fulton, who was considered "the outstanding person in the epidemic", the official opening of the Convalescent Pavilion was delayed until he had recovered from illness and could be present.<sup>26</sup>

Not all doctors involved in the epidemic worked in hospitals. Infantile Paralysis Advisory Committee members performed epidemic work on weekends, after attending private patients during the week, and sometimes speaking at fund-raising events in the evenings.<sup>27</sup> Many doctors spent long hours, counselling families of

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<sup>23</sup>. Dr. Lewis took over 164 of Dr. Fulton's patients, (Mercury, 5/7/38) and Dr. Fulton's own medical care (Dr. Lewis).

<sup>24</sup>. Mrs. Jean Wilson, Blackman's Bay, 1992.

<sup>25</sup>. Sr. Grueber (She always had).

<sup>26</sup>. Mercury, 14/3/38.

<sup>27</sup>. Mercury, 23/6/38.

paralysis victims.<sup>28</sup> Dr. Carruthers, managing the epidemic "with military precision,<sup>29</sup> worked "day and night".<sup>30</sup> He spoke daily on Hobart radio,<sup>31</sup> helped organize volunteer deliveries of food and comforts to contacts in isolation,<sup>32</sup> travelled constantly from one region of the State to another as precautions taken in every affected town had to be investigated,<sup>33</sup> and still managed to attend the National Health and Medical Research Council meeting in Brisbane, returning with plans for new work.<sup>34</sup> To him is frequently attributed the credit for the "splendid co-operation" which existed between all authorities and private organizations involved in the epidemic.<sup>35</sup>

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<sup>28</sup>. Dr. Jim Rogers, reporting of his father.

<sup>29</sup>. Sr. Grueber.

<sup>30</sup>. Mercury, 8/12/37.

<sup>31</sup>. Reported by Mrs. James of Derwent Waters (formerly of Old Beach) 1992.

<sup>32</sup>. Mercury, 1/2/38.

<sup>33</sup>. Advocate, 18/11/37. Mercury, 23/11, 1/12/37.

<sup>34</sup>. Mercury, 3/6/38. B.M.C. intended investigating the very high incidence of bone and glandular tuberculosis, and cancer, in Tasmania.

<sup>35</sup>. Sr. Grueber.

If it is possible, nurses worked even harder than doctors. While resident doctors were rostered off three weekend in four,<sup>36</sup> nurses in the Infectious Diseases Hospital at Launceston worked 72 hours per week,<sup>37</sup> and were allotted, but did not always receive, one-and-a-half days off per week (one day for a trainee).<sup>38</sup> Sr. Grueber, the Public Health Department's Kenny Sister, worked for seven weeks in Launceston's I.D. with *no day off*. On her last day, she was taken to the Gorge for a few hours before returning to Hobart to begin work that evening at Vaucluse.<sup>39</sup>

Grueber's first day in Launceston is not far short of a typical one for senior nurses in the first month or so of the epidemic. Arriving for work after a 5-hour train journey, the Public Health nurse was met by a scene of "pandemonium". The wards - one entirely emptied in readiness for fresh cases - were very hot, children were crying, electricians and carpenters were noisily installing two new respirators, and rows of children on the verandahs, in four different stages of infection, were hot, dirty and uncomfortable. Only one sister could eventually be located to tell Grueber where to begin: "start there and work down". Finding basins and towels

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<sup>36</sup>. Dr Gollan, who was one of the four RMO's during the epidemic.

<sup>37</sup>. Mercury, 10/9/37.

<sup>38</sup>. Days off were verified by several sisters and nurses.

<sup>39</sup>. This and the following was supplied by Sr. Grueber.

by herself, Sr. Grueber began sponging children from one end of the verandah to the other, found other patients in smaller rooms, and cleaned 32 children, most with fever. Finally off-duty about 9 pm to have a meal, unpack and undress, she was called to re-dress in her uniform and help lay out one of two patients who had died. No sooner was this done, than a third expired. In bed at 4 am, Grueber managed two hours' sleep before her second day began at 6 am.

Grueber's bailiwick was the respirator-ward containing at least 24 patients<sup>40</sup> - half in respirators, half with failing chests lined up opposite requiring acute observation: at any moment these patients might need a respirator, and would be unable to call out.

There were only two assistants per shift, and this tiny staff had to cope with circumstances unusual in an infectious ward: feeding all the respirator cases and any others without the use of hands; coping with (at least one) miscarriage, and several other cases of pregnancy in respirators.<sup>41</sup>

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<sup>40</sup>. This is the number if there were, in fact, 12 respirators (see note 7). Sr. Edwards, who also worked on the respirator ward - she was there before Grueber - also believes the ultimate number was 12, or 13, if a "spare out on the verandah" was counted.

<sup>41</sup>. Sr. Edwards, Dr. R.A. Lewis, op.cit.

Besides being constant (patients required two-hourly attendances as well as hand-feeding) respirator-ward work was physically strenuous. Nurse-access to machines was normally<sup>42</sup> via rubber-covered portholes whose cuffs or linings could be so stiff as to be barely usable. Nurses quickly sustained bruise-blackened arms from wrist to above the elbow. With machines packed very tightly together, elbows were also damaged on the cabinet behind when the nurse quickly extricated her arm as her respirator-chamber filled.<sup>43</sup> Emotional and nervous exhaustion was added to the physical. A patient, apparently coping one minute, would suddenly and unexpectedly die the next, "as though a veil came over his face."<sup>44</sup> The continual din of the respirators, which was a "roar" outside, near the fans, was very taxing. Far from attempting to ignore the noise, nurses had to be attuned to any alteration in sound signalling mechanical fault. Breakdown or power failure meant a cry for help

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<sup>42</sup>. The occasional patient was too ill to withstand the minimal loss of pressure this caused. Daily cleanliness had to be ignored until a thorough cleansing could be done every fourth day when the cabinet was opened, doctors in attendance. (Sr. Edwards)

<sup>43</sup>. Sr. Grueber.

<sup>44</sup>. Sr. Grueber will never forget losing an 8-year-old like this. Such suddenness indicates bulbar, or brain-stem involvement.

to "man the pumps!" or later, a rapid connection to diesel back-up.<sup>45</sup>

Another source of stress, and it was not confined to the respirator ward, was a puzzling *restlessness* in patients. Seen by Sr. Grueber as a minor discomfort, quickly soothed, Sr. Edwards, also a respirator nurse, sometimes experienced the distressing phenomenon of children screaming, or adults spitting at nurses.<sup>46</sup> Edwards suspected a kind of "cerebral irritation".<sup>47</sup> In wards of recovering children, not all confined to bed, nurses found that boredom, added to a fidgettiness and

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<sup>45</sup>. As reported (of the south) by Mrs. May Wilson (formerly Sr. Slattery) Mary's Grange, Tarooma; (of the north) Dr. Gollan.

<sup>46</sup>. Reported by Sr. Edwards, in a taped interview, Launceston, 1992.

<sup>47</sup>. Her suspicion has scientific support. See Howard Howe and James Wilson, "Poliomyelitis", in T.H. Rivers and F.L. Horsfall, Viral and Rickettsial Infections of Man, 3rd ed., J.B. Lippincott Co., Philadelphia, 1959, p.441, pp.462-3.

excitability, could result in a situation which was barely controllable.<sup>48</sup>

Work was not only hard in the bigger hospitals. Like Grueber, Sr. Harris at Queenstown<sup>49</sup> had no time off in the I.D. Division. After a busy year at the Hobart General Hospital, where her child-patients had included a group from the 1934 epidemic, Kathleen Harris went home to Queenstown in October 1937 for a rest, and to prepare for her wedding. Visited twice at her parents' home by a desperate Dr. James, Sr. Harris finally decided, against her parents' wishes, to take charge of the I.D. ward.

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<sup>48</sup>. Reported by Mrs. May Wilson of her sister, also a Sr. Slattery, at Vaucluse, and supported by former patients. Mrs. M Wilkinson, who nursed at Hampton Hospital, Victoria, said this irritability was worsened in the Kenny Ward where children were in and out of bed all day for treatment, enjoying a great deal of attention from numerous nurses. At 5 pm these over-stimulated children were left in a void when the Kenny sisters went off-duty, and the orthodox sisters of the next-door ward took over. These sisters found restoring order in the long, hot, summer evenings, almost beyond their means (Margaret Wilkinson, taped interview, New Town, 1992).

<sup>49</sup>. The west coast story was related in a taped interview and several telephone conversations by Mrs. Kathleen Newman (formerly Sr. Harris) of Sandy Bay, 1992.

Given one partly-trained nurse (Canning) to help her, it was Harris' job to sort out the patients "dumped" on the verandahs (no-one else was allowed in) awarding respirators - only one at first - on a "first come, first served" basis, and deciding who could be "rested off" to give another a chance. As there were no splints in the beginning - Mt. Lyell made them later free of charge<sup>50</sup> - Sr. Harris was forced to rip up cardboard boxes left on the lawn by the townspeople. She soaked strips in the laundry-trough, moulded them round the limbs of babies and children and dried them in the sun. Splint-making, and demanding nursing (including unusual situations like a patient's first menstruation occurring in a respirator) were combined with ward-cleaning duties as maids were unavailable. Eventually a second sister was sent from Hobart, but it was not until early February that the workload suddenly diminished when Matron McGrath, a Sister-Tutor, and Dr. Braithwaite arrived with a fleet of ambulances to take about a dozen of the worst cases to Hobart.<sup>51</sup> Long before this, Sr. Harris, urged by Nurse

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<sup>50</sup>. Mercury, 10/2/38.

<sup>51</sup>. Reports vary as to how many ambulances came, but it was probably three. There were 12 Queenstown patients for after care (Mercury, 10/2/38) and ambulances carried 4 patients (as reported by Nigel Thomas of Glenorchy, collector of antique ambulances) - telephone conversation - 1992.



Canning to sit and enjoy the meal, was found at the table, sound asleep, her veil soaking up the gravy of her half-eaten Christmas dinner. Married in February, hot in a long-sleeved dress, Harris went on her honeymoon with arms black from respirator-cuff bruises, and with a long gash on one forearm caused by falling with a patient.

Life for trainee nurses was just as hard during the epidemic, but sometimes in different ways. Phyllis Broomby was working in the Children's Hospital when the first cases were brought in.<sup>52</sup> Though she had begun work at 6.30 am, she was asked to pack for herself and a sister, and, to save the possibility of infecting too many nurses, to go with the patients to Vaucluse, where she finally went off-duty at 1 am. It was the junior's duty to cook meals for staff, and breakfasts and teas for patients: this could be quite a procedure where families had brought in extra foods which were, expected to be used immediately.<sup>53</sup> Juniors also did the "quibble". As laundries would not accept untreated linen from infectious diseases hospitals, young nurses, using hoses and "great cans of disinfectant", swilled the linen in the early morning in large baths in the yard, and swung

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<sup>52</sup>. As reported by Mrs. Tevelein (formerly Nurse Broomby) of Somerset, telephone conversations, 1992.

<sup>53</sup>. Cooking duties for nurses were similar in Hobart (Mrs. Tevelein) and Launceston (Toc H. volunteer, Mr. Sydney Willett, speaking of this wife, by telephone, from Meercroft Homes, Devonport, 1992).

the sheets to dislodge the water, soaking and freezing themselves in the process. They had no rubber gloves, gumboots or macs, and their hands would be "red raw".<sup>54</sup> Unlike sisters, trainees after the first few weeks had no choice about service in infectious poliomyelitis wards.<sup>55</sup>

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<sup>54</sup>. As reported of the south by "Dot", and of the north by Sydney Willett who said girls were called back from their beds if "quibble" were not completed (presumably in the north it was done at the end of night-shift.) The practice continued during the epidemics of the 50's (Faye Cooper, Howrah, taped interview, 1992). No-one knew the origin of the term, but Rimmer (op.cit., p.314) speaking of an earlier era, suggests the answer:

The private laundry provision for the whole of the hospital is in a yard opening off the fenced detention cells. Here all the grossly-soiled linen is stated to be washed before it is sent to the Anglican Home for Mercy.... One female servant is constantly employed in washing.... The Acting-Matron stated that typhoid fever linen is soaked in "Quibbel's" for about 24 hours, and then sent to the Home of Mercy.

<sup>55</sup>. Of south - Mrs. Tevelein; of north - Sr. Jean Ray; (telephone conversations, 1992).

There was no "danger money"<sup>56</sup> and no overtime.

Hard work was not rewarded by happiness off-duty. In the early part of the epidemic, nurses were forbidden to leave the hospital precincts.<sup>57</sup> After some weeks this was eased to allow a visit to the pictures, on the beach, but the women were advised not to tell anyone where they worked - not even their mother's friends at Christmas Dinner. If people knew where a nurse worked, they would cross to the other side of the street, and would give nurses a wide berth on buses or trams. Returning to Vaucluse by taxi at night, nurses were first to alight at the Hobart General and find a private lift back to Vaucluse. Sr. Grueber, leaving her watch (disinfected) to be mended at a shop in Launceston, gave a false name and address: "you were treated like a leper if they knew you worked at the I.D."<sup>58</sup>

Comfortable sleep was difficult. Accommodation was so acute in the early days that Sisters Grueber and Barnet shared one dressing table, and even the bed - night sister got out as day sister got in.<sup>59</sup> In Hobart

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<sup>56</sup>. Spanish Flu nurses had been paid "danger money" (Carnes, op.cit., p.18).

<sup>57</sup>. This and following information given by Mrs. Tevelein and Mrs. May Wilson.

<sup>58</sup>. Sr. Grueber, and many other nurses.

<sup>59</sup>. Sr. Grueber.

the trainees slept in tents,<sup>60</sup> and the sisters in huts<sup>61</sup> in the garden of Vaucluse. Night-nurses were better-off with a room into which "they were packed like sardines". Later, the garden-dwellers slept with two hot-waterbottles each on the great verandahs where canvas awnings kept out the rain and some of the wind. Later still they took over the lounge rooms as a communal bedroom.

Like doctors, nurses missed their holidays,<sup>62</sup> and became ill. Launceston I.D. nurses "all thought we had a touch of polio",<sup>63</sup> and while it was not officially held that any nurses died of the disease,<sup>64</sup> there is private report of a 19-year-old nurse dying in a respirator at Vaucluse.<sup>65</sup> Two hospital matrons resigned with

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<sup>60</sup>. Mrs. Jean Wilson, Blackman's Bay, has photographs of the tents.

<sup>61</sup>. This, and following information on accommodation was provided by "Dot", and by Mrs May Wilson of Tarooma.

<sup>62</sup>. Mrs. Tevelein.

<sup>63</sup>. Sr. Edwards.

<sup>64</sup>. The 1937 Public Health Dept. Report (J.P.P.P., 1938) says no nurses became sick. The 1938 report (J.P.P.P., 1938) does not mention the subject.

<sup>65</sup>. Mr. Max Miller of Claremont reports, 1992, that his respirator was next to that of a girl who had nursed him, and died.

exhaustion at the end of the epidemic,<sup>66</sup> and while matrons were thanked for their contribution, nurses could be treated pettily: Grueber, while in Launceston, was mistakenly overpaid the boarding-out allowance of L1 per week. Though there was no day off in seven weeks, Grueber was made to repay the L7 which, in disgust she did, in piecemeal fashion.<sup>67</sup>

Physiotherapists, whose regular hours were 9-6,<sup>68</sup> worked longer hours in the epidemic. It was only in the early evening, when male volunteers could visit the hospital after work, that men and older boys could be bathed. Physiotherapists in both Hobart<sup>69</sup> and Launceston returned to the wards between 8 pm - 10 pm to supervise the re-splinting of these patients. Weekends might entail extra duty. On alternate Sundays when the government provided a train from Devonport for country parents to visit their children, Miss Mack attended to

<sup>66</sup>. Matron McBean, of Vaucluse (Minutes, Board of Management Meeting, 26/4/38, Archives Office of Tasmania, Public Health Dept. files, HSD 11/5) and Matron McGrath of the Hobart General Hospital (Mercury, 28/6/38).

<sup>67</sup>. Sr. Grueber. She is still disgusted about this, fifty-four years later.

<sup>68</sup>. Reported by Miss Mack.

<sup>69</sup>. Miss Secretan, strictly the Orthopaedic Sister, filled this position in Hobart. As she boarded with the Douglas Parkers next to the hospital, she did not find it very arduous to return at night.

answer questions.<sup>70</sup> Overtime was not paid, or in any other way rewarded. Despite her loyalty to duty, when Miss Mack requested a fortnight off, she was granted it unpaid.

Weekend work was a facet of the employment-conditions of another group, the hospital teachers. They were clear about their duty:

education is our object, not  
entertainment, as seems to be  
a common idea.<sup>71</sup>

The common idea was routed when lessons were continued over weekends and holidays.<sup>72</sup> Though classes of 8-18 were small by the State School standard of 50, children were scattered over many wards, rooms, verandahs, and even hospital sites as we have seen, and were not necessarily grouped according to class.<sup>73</sup> There were children from 2-14 years, and each main hospital retained a group from earlier epidemics<sup>74</sup> who had to be integrated

<sup>70</sup>. As reported by Miss Mack. Writer values news of train, as this has not appeared in other sources used. Possibly the train was *weekly*, and masseuses were rostered fortnightly.

<sup>71</sup>. Miss Ann Broinowski, Mercury, 7/3/38.

<sup>72</sup>. Miss Broinowski, Mercury, 7/3/38; G.V. Brooks, Mercury, 4/5/38.

<sup>73</sup>. Mercury, 7/3/38; T.S.C.C.C., Fourth Annual Report, 30/6/39.

<sup>74</sup>. Mercury, 7/3/38; T.S.C.C.C., Sixth Annual Report, 30/6/41.

into a larger setting. There were frequent interruptions for treatment, or because muscles tired, especially during afternoon handiwork sessions.<sup>75</sup> Children were difficult to supervise because of scattering, and because they were hidden behind large table-boards erected over their beds. Much ingenuity was required. Finding it hard to read to a class she could not see one teacher communicated from the top of two stacked lockers.<sup>76</sup> Children could be difficult to handle because of the restlessness mentioned earlier, the frequent interruptions, and because of excitement before, and sadness after, the Sunday visits of parents.<sup>77</sup> Despite the huge problems for teachers, health of patients was found to improve as their minds and bodies were occupied in purposeful activity,<sup>78</sup> and newspaper recognition of such must have afforded a certain satisfaction to teachers.<sup>79</sup>

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<sup>75</sup>. Mercury, 7/3/38.

<sup>76</sup>. Letter, Mrs. Kathleen Jones (formerly Miss Reid) of "Willowdene", Hamilton to writer, speaking of Launceston.

<sup>77</sup>. Mercury, 7/3/38.

<sup>78</sup>. Visitors to hospital, noticed the change, Mercury, 7/3/38; Dr. Gaha, Mercury, 8/3/38; Brooks and Fulton, Mercury, 4/5/38.

<sup>79</sup>. Ibid; "Alethea", Mercury, 9/6/38.

Thoroughly occupied, and largely confined within the hospitals, it is questionable whether the teachers, therapists, doctors and nurses were fully aware of how the epidemic was experienced by the general community, and even by the children they served. Fear was the paramount emotion, and was experienced in many different ways, both by adults, and by children.

Fear of infection was common to most people. It could be expressed by a general twitchiness about speaking on a public telephone,<sup>80</sup> buying food wrapped in Melbourne papers, letting toddlers and children blow whistles in shops or drink from fountains,<sup>81</sup> or play on the ground "where the germs ran".<sup>82</sup> The fear might be generalized, yet call for specialized action: parents called for city and suburban children to keep to themselves,<sup>83</sup> for more schools to be closed,<sup>84</sup> and for the issuing of fewer travel permits.<sup>85</sup> Such parents might send children away to seaside towns,<sup>86</sup> to mountain

<sup>80</sup>. Woman at Mountain River; Mrs. Donovan's neighbour; as reported respectively by Laurence Lovell and Beverley Whittacker, telephone conversations, 1992.

<sup>81</sup>. All reported in Mercury, 16/11/37.

<sup>82</sup>. "Beth", speaking of the west coast, radio programme, 1992.

<sup>83</sup>. Mercury, 22/11/37.

<sup>84</sup>. Mercury, 26/11/37.

<sup>85</sup>. Mercury, 27/11/37.

<sup>86</sup>. The Hawkes of "Ellesmere", Scottsdale, sent their five children to Waterhouse.



retreats,<sup>87</sup> or even smuggle them to the mainland.<sup>88</sup> Many children isolated and mollycoddled at home, frequently caught the disease, and suffered taunts both for being spoiled, and "at least keeping the disease to yourselves".<sup>89</sup> There were many specific targets of fear of infection: contacts, having their houses fumigated could wander the streets all day "because no-one would take us in",<sup>90</sup> a nurse taking a few days' leave at her sister's house would find it completely evacuated of her relatives,<sup>91</sup> a teacher from an infected northern school was allowed to travel south by train, only to be forced to take a "smelly black bath in phenol" at New Town Police Station on arrival.<sup>92</sup> Fears attached to many working fathers who might "bring germs home from work" - they stripped and soaked their garmets in a back shed,<sup>93</sup>

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<sup>87</sup>. Patient of Sr. Grueber's.

<sup>88</sup>. Kath Keeling's cousin, from Smithton (telephone conversation, Launceston, 1992).

<sup>89</sup>. Shirley (and Brian) Gibson, telephone conversation, Launceston, 1992.

<sup>90</sup>. Ibid.

<sup>91</sup>. Ex-trainee "Joan", telephone conversation, Launceston, 1992.

<sup>92</sup>. Gloria Corcoran, telephone conversation, Hobart, 1992.

<sup>93</sup>. Sr. Joseph McVilly, conversation, Hobart, 1992.

or bathed carefully, before seeing their families.<sup>94</sup>

There were other sorts of fears: the fears of the contacts who could not go out to work,<sup>95</sup> and who sometimes lost their jobs;<sup>96</sup> The fears of the already-fearful who, in smuggling their children to "safe" areas in the boots of their cars, dreaded the humiliation of discovery of their regulation-violation.<sup>97</sup> There was a set of fears which led to the serious under-reporting of cases of disease: hatred and terror of the Infectious Diseases Hospitals;<sup>98</sup> fear of loss of business if a

- <sup>94</sup>. Mrs. Ellen Warren, whose father was Hickman, the Beaconsfield Council's Health Inspector, believed her brother Trevor caught infantile paralysis from their father (telephone conversation, 1992).  
Launceston's second victim, Clive Cooley, was the son of Inveresk's policeman (letter, Miss Mack, mid-1992).
- <sup>95</sup>. Mercury, 7/1/38.
- <sup>96</sup>. Mercury, 24/11/37.
- <sup>97</sup>. As reported by Anne Terry of New Norfolk, telephone conversation, 1992.
- <sup>98</sup>. Sharman family, as reported by Robert Sharman, Open Access, No.164, 31/8/88; Omant family, who reported a neighbour's child as having his appendix out rather than admit to infantile paralysis (taped interview, Hobart, 1992).

Public Health Department Notice appeared on the house;<sup>99</sup> fear of the stigma attaching to having a "dirty disease".<sup>100</sup> This latter may have lessened when "spotless" and "even wealthy" people were found to succumb, but followed victims and their families long after there was any danger to others.<sup>101</sup> Apart from these more obvious fears, there existed in the community a sense of all-pervading *dread*. It affected young, healthy people who were horrified to find that the young could die;<sup>102</sup> it frightened neighbours of hospitals who wakened at night whenever a respirator shut down - to them the relative and sudden quiet signified death;<sup>103</sup> it haunted fathers (especially if they had sick children) whose work was to supply equipment to the respirator wards.<sup>104</sup>

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<sup>99</sup>. Doug McShane and two siblings, of Elizabeth St., Hobart, were secretly treated at home by a nursing-sister aunt (telephone conversation, Launceston, 1992).

<sup>100</sup>. B.L. and Russell Freeman (taped interviews, Hobart, 1992); "Sheila" and "Kath" (telephone conversations, Launceston, 1992).

<sup>101</sup>. Sheila Williamson, Geoff Lucas (telephone conversations, Launceston and Hobart respectively, 1992).

<sup>102</sup>. Dorothy Pearce of Sandy Bay, taped interview, 1992.

<sup>103</sup>. "Joan", reporting on radio programme, Hobart, 1992.

<sup>104</sup>. Shirley Gibson's father.

Perhaps none of these fears were as acute, or as heartrending for adults today, as the fears experienced by children. The *well* suffered the nameless dread of seeing classmates disappear from school - were they sick, dead, or just being kept home?<sup>105</sup>. For the ill, there were many fears - fears of leaving home and "going to hospital" (some did not know what this meant)<sup>106</sup> and fears about their illness whose diagnosis, course and treatment was not explained to children.<sup>107</sup> After weeks or months of "nods, mumblings and doctor-stuff"<sup>108</sup> accidental discovery of what was wrong with one, could cause a child weeks of distress,<sup>109</sup> or she might not learn the truth until she returned home<sup>110</sup>. Terrifying procedures such as lumbar puncture under chloroform were performed without warning or explanation.<sup>111</sup> Children were very frightened of the "heaving, moaning" respirators glimpsed through windows or doorways. Some saw them as "monsters"<sup>112</sup>, or as coffins with the heads

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<sup>105</sup>. J.F. Shields, diary entry, 15/11/37.

<sup>106</sup>. Sheila Williamson (formerly of Dilston), telephone conversation, 1992.

<sup>107</sup>. Geoff Lucas, telephone conversation, 1992. Nita Gilvear, Sheila Williamson, and many others.

<sup>108</sup>. Geoff Lucas.

<sup>109</sup>. Nita Gilvear.

<sup>110</sup>. Sheila Williamson.

<sup>111</sup>. Sheila Williamson.

<sup>112</sup>. Letter, Judith Wilson (nee Sinclair), Kotara, N.S.W., 29/6/92.

of dead children inexplicably on the outside.<sup>113</sup> All dreaded entering one, fearing they would never come out.<sup>114</sup> Some children who needed the respirators, kicked or screamed in terror,<sup>115</sup> others cried silently.<sup>116</sup> Hilda thought she would be beheaded.<sup>117</sup> Death was a lurking terror. A screen around a bed, a trolley in the night, and an empty bed the next day brought grief at loss of friends and fear for oneself.<sup>118</sup> Children, "seen and not heard in those days,"<sup>119</sup> (or with paralysed throats)<sup>120</sup> would not, or could not, voice their fears and questions. They were afraid of the occasional nasty "blue girl" who threatened them with a belting or with "calling the doctor" (to reprimand them) if they were sick on the floor.<sup>121</sup> Accommodated with adults if sent

<sup>113</sup>. Nita Gilvear.

<sup>114</sup>. Judith Wilson.

<sup>115</sup>. Geoff Lucas.

<sup>116</sup>. Laurence Lovell reporting of his sister Sheila, who had lost her voice. Relatives could see her crying through the window.

<sup>117</sup>. Hilda Edwards (formerly of Branhholm), telephone conversation, 1992.

<sup>118</sup>. Nita Gilvear, Cliff Millhouse, telephone conversation, 1992.

<sup>119</sup>. Geoff Lucas.

<sup>120</sup>. Nita Gilvear.

<sup>121</sup>. Hilda Edwards, Sheila Williamson (speaking of Launceston).

for surgery, children were frightened of old men wandering the wards at night.<sup>122</sup> Some feared a weekend visit home because they would have to return to hospital,<sup>123</sup> yet there was fear at going home for good because, after two, three, four or more years away, they might have been forgotten, or might not "fit in".<sup>124</sup>

Fear of failing in the outside world, rekindled on weekends home, was the psychological result of physical reality. After weeks, months and years of careful work under medical and paramedical guidance, many children gradually realized they would never regain the body they had taken for granted. This knowledge, very difficult to accept, especially when added to the new problems of adolescence, fostered fears of not being able to cope with life - fears which enlightened professionals worked to overcome.<sup>125</sup>

Pain and discomfort added to children's woes. In early poliomyelitis, there was pain in tender muscles, or pain in nerves made unbearable by the slightest movement,

<sup>122</sup>. Cliff Millhouse, 1992.

<sup>123</sup>. Judith Wilson.

<sup>124</sup>. Russell Freeman, Patricia Wiley (taped interviews, telephone conversation, Hobart, 1992). Pat Wiley experienced such feelings after nine months' absence. Tony Holmes was hospitalized eight years, Don Laredo ten.

<sup>125</sup>. Gwen Waters, Almoners Report, T.S.C.C.C., Sixth Annual Report, 30/6/41.

even of floorboards near the bed.<sup>126</sup> The "happy hour" of morning physiotherapy<sup>127</sup> had some children crying or screaming as contracted muscles were gradually stretched and resplinted in place.<sup>128</sup> There was painful sunburn when "outdoor treatment" went too far.<sup>129</sup> Due to severe staff shortage, heads might be unwashed and lice-infested<sup>130</sup>, and cleanliness was difficult for recumbent patients who dirtied bandages and splints while using pans slotted into a shelf below the bed.<sup>131</sup> Exposed hands, or feet strapped to metal plates, became "frozen" in the unheated aftercare wards, some children only ever feeling really warm in winter when in the bath, for which

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<sup>126</sup>. Nita Gilvear.

<sup>127</sup>. So-named by Rolph Omant, speaking of St. John's Park Hospital and "Wingfield", taped interview, Hobart, 1992.

<sup>128</sup>. Sr. Grueber, speaking of her own therapy-work in Launceston, verified this.

<sup>129</sup>. Nita Gilvear.

<sup>130</sup>. Sr. Edwards, Robert Sharman, speaking of Launceston. Sharman's information comes from Aplis 1 (3) Dec., 1988, reproduced from an article he wrote for Open access, No.64, 31/8/88, (presumably a W.A. government departmental publication). Aplis may be a publication of the Public Library system.

<sup>131</sup>. Mrs. May Wilson (formerly Sr. Slattery). Ex-patient Rolph Omant recalled nurses changing pans every few hours as "like cleaning out cocky's cage or something".

they were woken between midnight and 2 am.<sup>132</sup> Children might develop colds, pneumonia,<sup>133</sup> or other infectious diseases such as diphtheria, necessitating return to I.D. hospitals or wards.<sup>134</sup> Such troubles, combined with the monotony and ugliness of hospital food, caused intense homesickness, leading a group of mobile northern children to abscond, one reaching her home in steep Trevalyn.<sup>135</sup>

Huge disruption to family life was caused by poliomyelitis. A hospitalized child meant, for country parents, long and uncomfortable train or bus trips, often with a long walk before and after.<sup>136</sup> Sometimes buses did not suit the visiting hours and an overnight stay was necessary.<sup>137</sup> One mother travelled weekly from beyond

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<sup>132</sup>. Nita Gilvear, many other patients and staff, north and south.

<sup>133</sup>. Nita Lawes-Gilvear, Living with Polio: The Laughter and the Tears, privately published, Launceston, 1992, p.32.

<sup>134</sup>. Shirley Fletcher, Melton Mowbray, Bruce James (formerly of Old Beach), telephone conversations, 1992.

<sup>135</sup>. Nita Lawes-Gilvear, op.cit., p.39.

<sup>136</sup>. Russell Freeman, Robert Sharman, Nita Gilvear, Laurence Lovell, 1992.

<sup>137</sup>. Derek Haig (formerly of Kayena), telephone conversation, 1992.



Melton Mowbray, on the back of a motor-bike.<sup>138</sup> Those who had a car might be restricted to fortnightly visits because of wartime petrol rationing,<sup>139</sup> and poor families could visit rarely.<sup>140</sup> Without telephones, many parents would not learn of sudden changes in their children's condition, and might not see them again before they died.<sup>141</sup> Dead or alive, children in infectious wards could not be touched, but only viewed through windows<sup>142</sup>

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<sup>138</sup>. Shirley Fletcher's mother. She never missed a visit, coming one Sunday in snow.

<sup>139</sup>. Name of this family withheld. Some people sold their petrol rations at inflated prices, even for hospital visits. (Laurence Lovell, 1992).

<sup>140</sup>. Patricia Wiley's father, at Campbell Town was "on the dole". In nine months her mother was able to visit her once in hospital, and the whole family borrowed a truck to see her for her tenth birthday at the Ministering Children's League Home in St Leonards. Pat felt a stranger when she returned home.

<sup>141</sup>. Sr. Grueber, Nita Gilvear.

<sup>142</sup>. Sr. Grueber, who said the rule of no parental entry was broken only once in her seven weeks at Launceston I.D.H.

<sup>143</sup>. Mrs. James, trying to see Bruce, could not reach the windows at Vaucluse.

too high for some mothers.<sup>143</sup> Even when possible, some parents found visiting too painful and stayed away.<sup>144</sup>

The long separations endured especially by country families caused degrees of difficulty and trauma unique to every instance. The O'Sullivans of Deloraine left their home for a year, renting in Launceston so that father could visit his four hospitalized children daily. Mother spent months in Melbourne to support Bill who needed prolonged treatment, while a live-in nurse helped father with the convalescents.<sup>145</sup> Young children hospitalized for years forgot they had brothers and sisters.<sup>146</sup> The death, or lengthy rehabilitation of a mother could mean children being brought up in other families.<sup>147</sup> A sick father away too long might see the final end of his marriage and estrangement from his children.<sup>148</sup>

<sup>144</sup>. Bill Sullivan, formerly of Deloraine, speaking of his mother, telephone conversation, Hobart, 1992.

<sup>145</sup>. Mary O'Byrne (nee O'Sullivan), telephone conversation, Launceston, 1992.

<sup>146</sup>. Bruce James, taped interview, Hobart, 1992.

<sup>147</sup>. Patricia Wiley's mother for two years looked after the baby of her Campbell Town neighbour who died in the ambulance on the way to Launceston I.D.H. Lily Dargarville of Flinders Island took in her aunt's toddler and minded her for years, even after Mrs. Virieux's return from hospital. (Telephone conversation, Flinders Island, 1992).

<sup>148</sup>. E.A.V. Smith.

Although the majority of parents probably lived in the country, many lived near enough for regular Sunday (or virtually-unpermitted weekday<sup>149</sup>) visits. Many saw things that worried them. Bruce, minus teeth, had been given, at St. John's Park, meals impossible to manage, grew extremely thin, and was restored to health by his grandmother taking in suitable meals, three times a day. When Mrs. James requested, via the Minister for Health, a daily pint of milk for Bruce, the five-year-old boy was forced to drink it, cold, all at once.<sup>150</sup> Other indignities occurred: a child could have a brand-new suit and set of writing materials confiscated and destroyed,<sup>151</sup> a curly head of hair cut short,<sup>152</sup> a row of perfect teeth extracted<sup>153</sup> - all without permission or explanation. A concerned mother might be told she was "just a bloody flapper" and didn't know anything.<sup>154</sup>

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<sup>149</sup>. Helen Bardwell, telephone conversation, Hobart, 1992. Her mother, unhappy with conditions, went into "Wingfield" at any hour, any day.

<sup>150</sup>. Mrs. James.

<sup>151</sup>. Robert Sharman. This did not happen to everyone. "Nancy" (telephone conversation, Launceston, 1992) could keep her teddy, which was fumigated.

<sup>152</sup>. Beverley Whittacker, Shirley Fletcher, telephone conversations, Hobart, 1992.

<sup>153</sup>. Mrs. James, speaking of Bruce.

<sup>154</sup>. Mrs. Myra Bower, telephone conversation, Glenorchy, 1992.

Some parents, upset at poor discipline,<sup>155</sup> lack of hygiene<sup>156</sup> or long immobilization of children,<sup>157</sup> took them home.

A handicapped child's return from hospital, for whatever reasons, rarely meant the end of a family's troubles. The child always required a great deal of time and work, and could unwittingly cause family disagreement and unhappiness. Mothers, sometimes forced to take live-in help for their other children,<sup>158</sup> pushed the crippled child on long wicker prams or wooden trolleys to daily outpatient treatment.<sup>159</sup> This was hard work in the steep streets of Launceston and Hobart. Fathers and older brothers, after working all day, collected seawater in kerosene tins for evening baths and massage of the crippled child.<sup>160</sup> Sometimes hospitals were shunned as

<sup>155</sup>. Mrs. Phyllis Morris, telephone conversation, Hobart, 1992.

<sup>156</sup>. As reported by Helen Bardwell, Mrs. Bower, Noeline Hale (all telephone conversations, Hobart, 1992) and by Almoner Miss Gwen Waters, T.S.C.C.C. Fifth Annual Report, 30/6/40. All were speaking of "Wingfield".

<sup>157</sup>. This was partially the reason for Duggie Bower and Bruce James' withdrawal from hospital, as reported by Mrs. Bower and Mrs. James.

<sup>158</sup>. Beverley Whittacker.

<sup>159</sup>. Beverley Whittacker and many others.

<sup>160</sup>. Geoff Lucas, and many others.

families turned entirely to what they perceived to be "Kenny methods" - to Tasmanians, any treatments which threw out splints and employed salt-water baths, exercise and massage.<sup>161</sup> In Hobart, children were taken to the wrestlers Fouchet and Felice,<sup>162</sup> in Launceston to Mrs. Motley.<sup>163</sup> Sometimes sports masseurs or trainers were brought to the house.<sup>164</sup> Using "Kenny Methods" at the very least meant extra work and effort for families; sometimes it provoked bitter dissension.<sup>165</sup> One parent might be against "Kenny" altogether; another might support "Kenny" but be afraid of courting the anger of hospitals which, in the face of defiance could, and did,

<sup>161</sup>. Contrary to popular belief, Kenny did not massage in cases of infantile paralysis (as confirmed by Sister Grueber - Kenny sister, and John Wilson - Kenny researcher).

<sup>162</sup>. Cliff Millhouse. The wrestlers came to Hobart annually, and after the epidemic, massaged children in rooms at Tattersall's Hotel.

<sup>163</sup>. Shirley Gibson (telephone conversation, Launceston, 1992). Mrs. Florence Motley, who went to America for medical training, was unrecognized in Australia, but shared what she had picked up of "Kenny methods" in the U.S.A. with northern parents.

<sup>164</sup>. Mrs. Bower. Mr. Bower collected and took home a football trainer, Woodruffe, every evening for "four or five years".

<sup>165</sup>. Helen Bardwell. Writer strongly suspects this occurred in other families.

refuse further treatment.<sup>166</sup> There were other stresses. Country families who found it otherwise impossible to ensure ongoing treatment of children, sold up and moved to the city.<sup>167</sup> City-dwellers who wanted sea-bathing for their children moved closer to the beach.<sup>168</sup> In some families, focus on the needs of the "polio child" caused sibling jealousy,<sup>169</sup> or else sibling feelings of responsibility for the handicapped brother or sister.<sup>170</sup> Repeated hospitalizations, either because children were now more accident-prone,<sup>171</sup> or required corrective surgery,<sup>172</sup> started the cycle again. Presumably most families and individuals adjusted to greatly-altered circumstances; some did not: there were abandoned

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<sup>166</sup>. Cliff Millhouse, Shirley Gibson, Mrs. Bower.

<sup>167</sup>. Doug Free, taped interview, Rosny, 1992; Shirley Reade, letter, Acacia Ridge, Qld., 2/7/92.

<sup>168</sup>. Mrs. Omant, taped interview, Sandy Bay, 1992.

<sup>169</sup>. Geoff Lucas.

<sup>170</sup>. Noeline Hale.

<sup>171</sup>. Mrs. Omant. Rolph, arm extended on splint and badly balanced on the bus to "Wingfield", was thrown out the door, cut, and admitted to Stowell Hospital for three weeks.

<sup>172</sup>. Cliff Millhouse.

children,<sup>173</sup> broken engagements,<sup>174</sup> and at least one suicide.<sup>175</sup>

With so much sadness in Tasmania and everyone was touched by it - there was still room for joy. For the children who escaped "the great scourge", there was the longest summer holiday on record: some schools had closed in early November, the rest by mid-December, and return for all children was not compulsory until Easter, 1938.<sup>176</sup> Children who had spent months swimming, blackberrying, rabbiting, and picnicking,<sup>177</sup> or playing in little shops fathers had made specially "to keep the kids happy"<sup>178</sup> returned to school with "healthy tans from beach and bush".<sup>179</sup> Some had learned to sew,<sup>180</sup> or play

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<sup>173</sup>. Judy Pedder, telephone conversation, Hobart, 1992  
(of self;) Miss Mack (of Jo Cook, of St. Giles;) Patricia Wiley (speaking of an "unclaimed child" at the Ministering Children's League Home, St. Leonards.)

<sup>174</sup>. Sheila Williamson speaking of her cousin, Winsome, whose fiance could not cope with her poliomyelitis.

<sup>175</sup>. Reported by two people, including B.L., in taped interview, Hobart, 1992. Name of dead man not for publication.

<sup>176</sup>. Mercury, 9/4/38.

<sup>177</sup>. Pursuits as described by Sr. Joseph and many others.

<sup>178</sup>. Kath Keeling, of Mowbray.

<sup>179</sup>. "Vigilant", Mercury, 7/2/38.

<sup>180</sup>. Kath Keeling.

the piano.<sup>181</sup> The children in hospital, despite their sufferings, had many little pleasures: the Sullivans, not normally allowed comics, had 20 or 30 new ones every week;<sup>182</sup> friendly Sr. Pritchard at Vaucluse put "cheerios" on the radio, or gave little parties for "her boys",<sup>183</sup> the Apex picture-nights, "with a few lollies thrown in" were the week's highlight for "Wingfield" children.<sup>184</sup> For children who thought they would never move again, there was intense joy at seeing toes wriggle in the salt-water bath,<sup>185</sup> and for a boy confined for years to a respirator there was the thrill of winning a prize for poetry.<sup>186</sup> For children home from hospital there was the novelty of brothers and sisters throwing away the splints and taking one for a run in the billycart, or all joining in to learn how to knit or do

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<sup>181</sup>. "Valma", telephone conversation, north-west coast, 1992.

<sup>182</sup>. Mary O'Byrne.

<sup>183</sup>. Ernie Smith.

<sup>184</sup>. Rolph Omant.

<sup>185</sup>. Noeline Hale, of her sister, Kayle.

<sup>186</sup>. Geoff C. Gray, "Coolibah Creek", The Advocate, 16/8/43. A copy of several poems have been given to the writer, by Geoff's brother, Neville Gray.



foot-exercises.<sup>187</sup> For parents, there was pride and joy when a child, after years of hard work, could dance with his mother in public, the crowd clearing the floor to watch.<sup>188</sup>

One thinks of an infantile paralysis epidemic in terms of children and families, but from much of the foregoing, it is clear that many groups in Tasmania had close association with the epidemic and their experience has left them with many sad, but also many happy memories. Nurses overworked and perhaps undervalued by authorities, had the satisfaction of "knowing you were needed - of really feeling useful".<sup>189</sup> Hospital teachers, striving against odds difficult to appreciate today, "had a fine old time" on days when beds could be wheeled outside at Launceston - books, papers and sun-umbrellas "blowing every which way" in the fresh breeze.<sup>190</sup> For evening volunteers, the behaviour of the

<sup>187</sup>. Mrs. James, Bruce James. Making up for lost time, Bruce and siblings romped with the animals at Chauncy Vale, and were the first children to hear (experimentally) Nan Chauncy's They Found a Cave.

<sup>188</sup>. Mrs. Bower, speaking of her son Douglas who "would never walk again", according to Dr. Parker. At Lauderdale the dancers, who all knew the family, applauded as son asked mother to teach him to dance.

<sup>189</sup>. Mrs. May Wilson.

<sup>190</sup>. Letter, Kathleen Jones of Hamilton, 1992.

little boys freed from their splints and playing like "frogs" in the salt baths "so that you could hardly catch them", made the long day worthwhile; "their reaction a tonic to all who helped."<sup>191</sup>

As the severity of the epidemic subsided, the after-effects lingered; many sorrows, and many joys, lying ahead.

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<sup>191</sup>. Letter, Sydney Willett of Meercroft, 1992. Syd, a member of Toc H., worked two nights a week (after work) 6-9 pm, and often on weekends as well.

# AFTERMATH

Time present and time past  
Are both perhaps present in time future,  
And time future contained in time past.

T.S. Eliot, "Burnt Norton",  
The Complete Poems and Plays  
1909-1950, Harcourt, Brace and  
World, Inc., New York, 1982.

There are several reasons it is not possible to do justice to a discussion of the aftermath of the world's biggest poliomyelitis epidemic. Firstly, there is the *length* of the story. Other sorts of Tasmanian epidemic - typhoid, smallpox, Spanish flu - had relatively brief histories mainly because survivors recovered quickly and life went on much as before. Paralytic poliomyelitis, on the other hand, caused devastating bodily changes which often last for life. This fact has necessitated individual, and to some extent, societal adjustments which have continued over fifty-four years. Secondly, recent moves to have Tasmanians recognize a syndrome of *late effects* of poliomyelitis,<sup>1</sup> have set in motion a *new* chain of responses to the epidemic. This means that, with survivors of 1937-38 as young as fifty-five, the story of the "great scourge" is far from over in 1992, and could still take surprising turns. The third reason one cannot be conclusive about this epidemic is that one has to hand only a fraction of knowledge about it. Hospital and Public Health records, where they have been kept, are scant in the extreme. The best records for this project, the personal accounts of people involved, yielded *in each instance* so much of value (most unproduceable here) that one appreciates the enormity of information lost forever with so many witnesses now dead

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<sup>1</sup>. Charlotte Leboeuf: A Practical Approach to the Late Effects of Polio, Post-Polio Support Groups of South Australia (Inc.) and the Neurological Resource Centre of South Australia (Inc.) 1991.

or out of contact. This is no new problem - difficulties of evidence-collection are central to the study of history. So too is the need to make generalizations, however reluctant one might be to do so where one's story has gaps, is still unfolding, and deals with so many personal elements. This said, an attempt is now made to summarize briefly three aspects of the uncompleted story of the 1937-38 epidemic: public effects, personal effects, possible future effects.

An obvious public effect of the epidemic was its cost. The pinch was first and most painfully felt at the municipal level where councils were liable for the patients' first twenty-eight days' expenses of 11/6<sup>d</sup> per day.<sup>2</sup> Council health budgets (especially Launceston's) were disbursed months before time,<sup>3</sup> sometimes, as in Fingal's case, largely on the costs of transporting patients to hospital.<sup>4</sup> Some Councils raised their health rate,<sup>5</sup> many requested government assistance.<sup>6</sup> The government, absorbing excess municipal costs and

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<sup>2</sup>. Mercury, 9/4/38.

<sup>3</sup>. Ibid.

<sup>4</sup>. Mercury, 16/7/38.

<sup>5</sup>. Mercury, 16/6/38 (Launceston); Mercury 5/8/38, St Leonards.

<sup>6</sup>. E.g. Deloraine (Mercury, 16/6/38). Under the Local Government Act, government could be asked to refund any amount over and above Council health-rate revenue (Mercury, 9/4/38).

financing extra staff and after-care facilities, spent £33,481 to the end of 1938.<sup>7</sup> This figure was felt by government to represent a large cost to taxpayers,<sup>8</sup> but in fact was probably not a tremendous burden, for three reasons. Firstly, the financial year 1937-38 was "remarkably good", many sectors doing better than in the previous year.<sup>9</sup> Tourist Trade receipts, which had been expected to suffer under epidemic and pre-epidemic restriction,<sup>10</sup> were higher than ever. Entertainment venues, which had been closed to children for a period, had more than overcome expected losses by increasing prices.<sup>11</sup> Then, as many more people - no doubt kept home by restrictions - took out radio licences, government revenue was further boosted. The second reason that

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7. This was the figure given for "total expenditure incurred" (State Departments and Public Hospitals), Director of Public Health, Annual Report for the year ended 31/12/38, J.P.P.P., No.16 of 1938. The Chief Secretary, Mr. D'Alton had claimed in March that the figure was £40,000 (Mercury, 14/3/38).

8. Mercury, 25/6/38.

9. This, and the following information comes from Premier Ogilvie, Mercury, 2/8/38.

10. Mercury, 6/9/37.

11. In Melbourne, it had been found cinema attendance increased most where the epidemic was worst, "Mainland Notes", Mercury, 10/3/38.

epidemic costs were not beyond government means was that Tasmanians, now very "hospital minded at last"<sup>12</sup> had spent L500,000 on hospitals<sup>13</sup> over twelve months, and would shortly spend a great deal more with the completion of the new Royal Hobart Hospital and several Nurses' Homes. L33,500 was not a huge component of the new medical expenditure. Thirdly, though Tasmania was noted, as has been said, for its more than adequate handling of the epidemic,<sup>14</sup> costs were far from solely borne by government. Considering the huge sum raised by the Governor's Appeal, and the large contribution of voluntary labour (not to mention other sorts of donations), Treasury itself probably met something less than half the cost of the epidemic. With the Tasmanian State spending about 2/- per head of population<sup>15</sup> compared with the Victorian government's expenditure of 10/4<sup>d</sup> <sup>16</sup>, it is more remarkable how *little* government spent here, than how *much*.

After *cost*, the second major "public effect" of the epidemic was the way it changed forever public perceptions of the handicapped and of what should be done

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<sup>12</sup>. "Alethea", Mercury, 5/8/37.

<sup>13</sup>. Chief Secretary D'Alton, Mercury, 14/3/38.

<sup>14</sup>. See "Response", notes 133, 134, 135.

<sup>15</sup>. Based on the figure of L33,481 (see note 7).

<sup>16</sup>. Based on costs of L1,000,000, Mercury, 10/3/38.



for them. The most visible sign of this was the establishment of the two most important after-care facilities, "St. Giles" and "Wingfield". Originally catering, as we have seen, for the needs of children crippled by whatever cause, both changed with the needs of the times gradually serving children with many types of disability. "St. Giles", much expanded, still operates, and "Wingfield" ceased its residential functions in 1971.<sup>17</sup> From the start, it appears, the professional staff of these Homes, but St. Giles' in particular, displayed progressive attitudes which took them to every possible interstate and international conference,<sup>18</sup> and saw them regularly inviting to Tasmania medical experts, so that the children in their care always had the benefits of the latest ideas in care of the handicapped. The children were also well supplied with modern educational facilities, St. Giles employing art, music and drama teachers long before such specialized staff was available in the rest of the state system.<sup>19</sup>

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<sup>17</sup>. Rimmer, op.cit., p.303.

<sup>18</sup>. St. Giles Society, Thirteenth, Fifteenth, Sixteenth Annual Reports.

<sup>19</sup>. T.S.C.C.C. Fourth Annual Report; St. Giles Society, Twelfth, Fourteenth, Fifteenth and Seventeenth Annual Reports.

Allied to the above point, but a separate aspect of epidemic aftermath was the boost the crisis gave to the paramedical disciplines. The Almoner appointed by the T.S.C.C.C. seems to have been the only medical social worker employed in Tasmania at the time, and only the second ever in Tasmania.<sup>20</sup> Miss Waters' value was readily appreciated by hospitals, but if they could not afford to employ one, other organizations followed the T.S.C.C.C.'s lead.<sup>21</sup> The physiotherapy profession received a tremendous filip. Most of the therapists engaged by the Tasmanian government to cope with epidemic after-care, responded next to the call of war<sup>22</sup> where, along with mainland counterparts, they found their poliomyelitis experience to be invaluable. War-work, after poliomyelitis, was "a piece of cake".<sup>23</sup> Other professions boosted by the epidemic were Speech Therapy, Psychology, and Occupational Therapy (Miss Ann Broinowski, first Head Teacher of the Launceston Hospital School went on to train as an "O.T." and was the first

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<sup>20</sup>. After Miss Caroline Walker ("Response", note 75).

The Royal Hobart Hospital next employed an Almoner in 1955 (conversation with Almoner, Miss Dorothy Pearce, Sandy Bay, 1992).

<sup>21</sup>. Bush Nursing Assoc., Mercury, 7/4/38.

<sup>22</sup>. Reported by Miss Secretan and Miss Mack.

<sup>23</sup>. As expressed by Miss Mack.

such appointed in Tasmania<sup>24</sup>). All these disciplines were represented early at St. Giles.<sup>25</sup>

Stemming from the greater awareness of Tasmanians of the needs of the handicapped, there were further developments. Donating a portion of money gained from the "Miss Tasmania Quest",<sup>26</sup> and some of their land in Amy Rd., the Crippled Children's Societies assisted the formation of the Spastics Society.<sup>27</sup> Working with the Commonwealth Dept. of Health, they also established A.C.R.O.D. (the Australian Council for the Rehabilitation of the Disabled) in Tasmania to act as an umbrella for all disabled groups.<sup>28</sup> Membership of A.C.R.O.D. has brought "inestimable benefits" to Tasmanian handicapped children and adults.<sup>29</sup> Well knowing the after-effects of

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<sup>24</sup>. Barbara Anderson and Janet Bill, Occupational Therapy: Its Place in Australia's History, N.S.W. Association of Occupational Therapists, p.41. Discussions with O.T. Miss Elaine Pearce of Sandy Bay (who kindly lent the above book) were of great assistance.

<sup>25</sup>. St. Giles Society, Thirteenth and Fourteenth Annual Reports.

<sup>26</sup>. As reported by Mr. Bill Shugg, Life member of T.S.C.C.C.

<sup>27</sup>. St. Giles Society, Seventeenth Annual Report.

<sup>28</sup>. Mr. Bill Shugg, St. Giles Society, Fifty-First Annual Report.

<sup>29</sup>. St. Giles Society, Fifteenth Annual Report.

poliomyelitis, especially after additional (smaller) epidemics in 1949-52, Tasmania pioneered Australian use of the first available means of prevention, the Salk vaccine, in 1956.<sup>30</sup> Tasmania was also the first State to incorporate into its public building code the need to cater for wheelchair access.<sup>31</sup> That the people of this State continued to care in a tangible way about the less fortunate in society until well beyond the epidemic period was shown in the community's response to the devastating southern bushfires of 1967, and the Tasman Bridge disaster of 1974.<sup>32</sup>

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<sup>30</sup>. St. Giles Society, Seventeenth Annual Report. Sr. Edwards (as reported by self) was one of, if not the, first School Nurses to administer the vaccine in N.E. Tasmania in 1956-57.

<sup>31</sup>. As reported by Mr. Bill Shugg. The continuing interest of T.S.C.C.C. (now "Tascare") in access for disabled is seen in their Fiftieth Anniversary memento - David Kingston, Accent of Access: A Guide to Wheelchair Access to Holiday Accommodation Covering St. Helens to Hobart, T.S.C.C.C., October, 1986.

<sup>32</sup>. Ironically enough in this context, Vaucluse Hospital was used as a "centre for disbursement of Bushfire Relief Funds", R.L. Wettenhall, Bushfire Disaster: An Australian Community in Crisis, Angus and Robertson, Sydney, 1975, p.71.

People's experience of epidemic caused certain personal effects in the aftermath period, which especially related to education, employment and relationships with others. Education was affected in three main ways. For some, school closure before the end of Term Three meant a premature *end* to formal learning.<sup>33</sup> This was more likely if final examinations-sitting for which in 1937 was voluntary - were not taken. High-schoolers residing outside (restricted) Launceston were advised by newspapers to enquire of their teachers where to sit, special arrangements having been made by the Education Department.<sup>34</sup> Many failed to do so: very poor<sup>35</sup> or illiterate parents might not have taken the newspaper; parents, thinking exams could only be taken in infected Launceston prevented their children enquiring;<sup>36</sup> some students unwilling to take the trouble involved, "gave it away".<sup>37</sup> Unsat exams and a prolonged summer holiday meant that many who formerly had other intentions, lost interest in school, and found jobs.<sup>38</sup>

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<sup>33</sup>. Obviously a concern of government: Minister for Education Annual Report for 1937, J.P.P.P., 1938.

<sup>34</sup>. Advocate, 27/11/37.

<sup>35</sup>. Many were too poor to buy the paper, reported Fred Watson, telephone conversation, 1992.

<sup>36</sup>. "Lena", radio programme, Launceston, 1992.

<sup>37</sup>. Fred Watson.

<sup>38</sup>. Maurice Heathcote, then of Westbury, telephone conversation, 1992.

For others, there was the opposite effect. Fred Watson, a promising pupil at Upper Blessington, floundered for three years as a young high-schooler boarding away from home. Failing to sit the "Intermediate", because, from isolated St Leonards, it was too much trouble, wrought a change in him: suddenly he knew that, to make something of himself, he would have to come to terms with city life, and a big school. Repeating third year gave him, as he says, "a chance to consolidate". He gained excellent results and went on to become a High School Principal who made special efforts to help children who, like he, were shy or struggling.<sup>39</sup>

There was a third educational picture where children had succumbed to infantile paralysis. The less-affected might return to school, and only encounter trouble keeping up physically,<sup>40</sup> but the long-hospitalized report neither "giving away" their education, nor leaping ahead on return to normal school. There were notable

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<sup>39</sup>. Related by Mr Fred Watson of Perth, Tas., former Principal of Exeter District High School, and of Strahan, Yolla and Beaconsfield Area Schools.

<sup>40</sup>. Pat Wiley, at Campbell Town, finding the long walk to and from school very hard, set off much earlier than her siblings. Afraid of not being allowed to continue, she got them to make excuses for her if she was late at either end of the day.

exceptions,<sup>41</sup> but it appears most felt, despite their best efforts, they fell irrevocably behind. Frequent re-admissions for operations gave Cliff no scholastic continuity.<sup>42</sup> Bill suffered uneven development with arms and hands splinted for years - he could read wonderfully but not write.<sup>43</sup> David was unhappy because throat paralysis left him with slurred speech that was ridiculed by classmates. He wagged school and eventually learned to read a newspaper and do simple arithmetic from his sister who had left school at twelve.<sup>44</sup> Shame, leading to loss of faith in one's abilities, could be caused by teachers as well as children: Rolph sent as a boarder to friends to catch up, suffered the daily indignity of having to admit he was twelve in a class of ten-year-olds, because a teacher insisted children call out their ages; when House Points were awarded for gymnastics, Rolph could not contribute. Unable to manage gymnastics, he was refused the award of substitute points for his skill in tennis.<sup>45</sup> Some, ashamed to return to school far behind former classmates, tried skipping a grade but

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<sup>41</sup>. Peter Eldershaw and Bob Sharman became archivists, Tony Holmes a solicitor, B.L. an accountant, and Russell Freeman spent years overcoming a "mentally deficient" label to become a trade teacher.

<sup>42</sup>. Cliff Millhouse.

<sup>43</sup>. Mary O'Byrne, reporting of brother, Bill Sullivan.

<sup>44</sup>. David Parker, telephone conversation, Hobart, 1992.

<sup>45</sup>. Rolph Omant.

could never bridge the gap;<sup>46</sup> others felt they were away too long ever to catch up.<sup>47</sup>

One wonders whether the authorities knew of these things. Justifiably proud of their Hospital Schools where children received attention and affection, and made at least temporary progress, the Education Department failed to appreciate that bridging the gap from hospital school to normal school was a mighty and sometimes impossible feat for some children.

As in education, working-lives were affected in different ways by the epidemic. Certain classes of professionals, discussed earlier, obtained new skills and perfected old ones. Some began their professional lives in after-care work,<sup>48</sup> some enjoyed rapid and unexpected promotion,<sup>49</sup> other changed their career so as to be better able to help the handicapped.<sup>50</sup> The handicapped themselves appear to have found work whatever educational standard they reached. Since cripples prior to the mid-'thirties had remained largely unemployed,<sup>51</sup> it is

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<sup>46</sup>. Phyllis Morris.

<sup>47</sup>. Doug Free, Nita Gilvear, Shirley Reade.

<sup>48</sup>. Miss Shearing, at St John's Outpatient School, was just out of College (reported by Mrs Port, formerly Sr. Charlton, telephone conversation, Hobart, 1992).

<sup>49</sup>. Mrs. Port, as very young Sr. Charlton, became first sister-in-charge when "Wingfield" opened.

<sup>50</sup>. E.g. Mrs. Broinowski, see note 29.

<sup>51</sup>. T.S.C.C.C., Third Annual Report, 30/6/38.



possible the efforts of the T.S.C.C.C. to change employers' attitudes<sup>52</sup> had paid off by the time survivors of the present epidemic sought work. It is also possible, as the T.S.C.C.C. saw it,<sup>53</sup> that attitudes had changed little after all, and that work was found by cripples only because of their own doggedness, or because progressive people like G.V. Brooks,<sup>54</sup> and George Record of the S.C.C.C.,<sup>55</sup> made all-out efforts to help cripples improve their chances. Many former patients became self-employed or worked with relatives - even in physically demanding construction trades - so that they could work at their own pace.<sup>56</sup> Others responded to demands from precision industries for people who had learned patience and perseverance.<sup>57</sup> For some such as Doug Free, forty-

<sup>52</sup>. Ibid.

<sup>53</sup>. T.S.C.C.C., Fourth and Sixth Annual Reports, 30/6/38, 30/6/40.

<sup>54</sup>. Russell Freeman and others partly owe their careers to Brooks.

<sup>55</sup>. B.L. and others name George Record, Chairman Emeritus of the S.C.C.C. as their greatest influence.

<sup>56</sup>. David Parker, Bruce James, Cliff Millhouse, Don Laredo.

<sup>57</sup>. Don Laredo learned the jewellery trade, Nita Gilvear photograph re-touching. Helen Kirby (from the 1934 epidemic) was chosen to work in the Optical Annexe during the war.

four years, a splint-maker, the epidemic actually created work.<sup>58</sup> Other former patients, inspired by their own experience, chose careers in nursing,<sup>59</sup> occupational therapy,<sup>60</sup> and teaching crippled children.<sup>61</sup>

People who developed disease during the epidemic learned a great deal about themselves and others, so that their outlook on life was changed forever. Most who worked for years to re-establish muscle function (often achieving far more than expected by doctors) and who went back to "square one" after every hospitalization,<sup>62</sup> learned seemingly contradictory qualities - patience and acceptance on the one hand,<sup>63</sup> and determination and ambition on the other.<sup>64</sup> This was bound to affect all

<sup>58</sup>. The longest-serving staff-member of the R.H.H. ever was Doug Free (taped interview, Montagu Bay, 1992).

<sup>59</sup>. As reported by Faye Cooper of the 1934 epidemic (taped interview, Howrah, 1992).

<sup>60</sup>. Rosemary Donald of Forcett, daughter of Dr A.W. Shugg, contracted infantile paralysis and wanted to help others. She chose O.T. because nursing looked too hard (letter, Oct., 1992).

<sup>61</sup>. Miss Rona McLean, past-pupil, appointed by Ed. Dept. to staff of St Giles, St. Giles Society, Fifteenth Annual Report.

<sup>62</sup>. Nita Gilvear, Bill Sullivan, also Charlotte Leboeuf, The Late Effects of Polio, p.47.

<sup>63</sup>. B.L., Bill Sullivan.

<sup>64</sup>. Geoff Lucas.

personal relationships, not necessarily for the better. Some former patients found changes in *them*, and inability of others (mainly siblings) to accept their disability meant that attempts to re-establish family relationships after long absences, were unsuccessful, and ties were severed permanently.<sup>65</sup> In other cases, probably most difficulty brought families closer,<sup>66</sup> and where a death was suffered, remaining family-members have worked harder than usual to remain close.<sup>67</sup> An extraordinary number of former patients made very happy marriages,<sup>68</sup> the writer being told this was due to the forementioned learned qualities of patience and acceptance.<sup>69</sup> The same phenomenon was seen among married professionals and volunteers, and may be partly explainable by their having not only shared a time of great crisis, but by their having also contributed something to its relief. Other important and lifelong relationships were forged, especially between staff and patients.<sup>70</sup>

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<sup>65</sup>. Russell Freeman, Geoff Lucas.

<sup>66</sup>. Mrs. James, Bev Whittacker.

<sup>67</sup>. Mrs. Barbara Higgins who, at 16, lost her 9-year-old brother Terry Gilham, exemplifies this (taped interview, and conversations, New Town, 1992).

<sup>68</sup>. This observation was confirmed by Nita Gilvear.

<sup>69</sup>. Bill Sullivan.

<sup>70</sup>. Miss Mack and Nita Gilvear, Russell Freeman and Wardsman Tommy O'Rourke; Peter Eldershaw and Miss Radcliffe.

To the surprise of the writer, the epidemic aftermath did not see the development of many permanent friendships between former patients. They themselves are surprised to realize this and often put it down to "going their own ways", seeking a niche in the world after leaving hospital.<sup>71</sup> Some felt ashamed of their afflictions and hid them<sup>72</sup> (legacy of the "dirty disease" syndrome?) or, akin to this, were embarrassed<sup>73</sup> or angry<sup>74</sup> at the pitying reactions of others, and preferred to play down their problems. Some said the war made everyone, including themselves, forget *their* needs as a group. Whatever the reasons, the spotlight would not be refocussed on the 'polios' for another five decades.

Everything has now changed. For various reasons poliomyelitis is topical again. Former patients have for some years been experiencing a re-occurrence of similar symptoms to those of 1938 - muscular cramps, weakness, uselessness, unexpected and otherwise unexplainable joint pain, and general (but transitory) bodily fatigue. They have what is commonly termed "post-polio syndrome"<sup>75</sup> and have formed three regional support-groups akin to those operating for some years on the mainland.

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<sup>71</sup>. Pat Wiley and others.

<sup>72</sup>. Repeated by Mrs. James.

<sup>73</sup>. Pat Wiley.

<sup>74</sup>. Phyllis Morris.

<sup>75</sup>. C. Leboeuf, op.cit.

With the formation of "TASPOLIO Support" in mid-1992 (125 members already, mostly victims of 1937-38) the epidemic's aftermath has moved from the past, through the present, and heads into the future. Committee members, who have already produced three newsletters, have found a new purpose in life, old hospital friendships have been renewed after fifty-four years, and the discovery in the north-west of a five-year-old Sri Lankan adoptee with untreated after-effects of poliomyelitis has inspired TASPOLIO members with plans for the future. Some wish to tackle the problem of current Tasmanian under-immunization which makes this State once again vulnerable to an epidemic.<sup>76</sup> Others wish to change the regulations of health-funds which forbid an adopted child receiving immediate benefits for a pre-existing condition.

Already tangible benefits have accrued to members. Northern "polios" have received permission to use St Giles pool for therapy; one lady, thanks to TASPOLIO publicity *has discovered that she had polio as a child* (not even her mother knew) and has enjoyed a marked improvement in health after discarding a drug contraindicated for poliomyelitis. Group members are excited about their activities and plans, and more will undoubtedly be heard from them.

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<sup>76</sup>. "Epidemic Warning", The Southern Star, The Advocate Newspaper, 56 Mount St., Burnie, 27/10/92.

## CONCLUSION

The story of the great scourge had many possible beginnings, and choosing an ending somewhere in the future, will be just as difficult. Perhaps the story will have no end. Tales of natural disasters remain forever in the collective consciousness not because of the tragedy itself but because of the heroism people display in coping with it. Whether a victim or a supporter, dealing with the crisis of 1937-38 required more than a brief burst of bravery, hard work or altruism, but rather a sustained dedicated effort over many years. Tasmanians were able to rise to the challenge ensuring that a great many victims went on to make satisfying lives for themselves.

Though the writer believes it was the deliberate efforts of individuals working alone and in groups which were the main reason for the generally praiseworthy handling of the epidemic, certain aspects of the *times* helped ensure a successful outcome. The era was health-minded, education-minded, and because of this, becoming child-centred. Tasmania lagged behind no one, and in some ways took the lead, in approaching social problems in a progressive way. Then, there is the question of financing hospital treatment, and after-care. Had this worst epidemic occurred early in the decade, quite apart from any other considerations, State and people could not have met the cost. Had it occurred a little later, the intervention of war would have divided society's attention and resources.

Whatever aids there were in the times themselves, but even more especially in the devoted response of so many individuals and the very effective Crippled Children's Societies, the greatest poliomyelitis epidemic of all time has left its mark on survivors, however well they have accepted their disabilities and built successful lives. Its mark also shows on others who themselves escaped the scourge, but lost beloved family members, or patients, or school pupils. Volunteers unceremoniously dismissed when no longer required also feel the hurt to this day. Many, if not most - patients, professionals and volunteers alike - expressed surprise to think that anyone after so long would be interested in their story. As their story is so much a part of what Tasmania is today, no-one should ever forget.



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